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N. S.	O FUNEXAX DIRECTOR: After this certificate has been signed by the attending physician and cam page 3 shauld be detached far use as the burial-transit permit. Then please remave carban page the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death.
SPI	NEX 3 s
HC	FU Page
TO HOSPIZAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 Page 4 may be kined by the hospital or attending physician.	TO FUNEXX. DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, crematian, ar removal, and in any event within 72 haurs after death.
VS A	15 (4) 9/58

2000				Reg. Dist. P	No. , -
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla	ere deceased lived. If instantial b. COU	titution: Residence be	efore admission) OPE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owings Mills	35yrs.	Owings Mi	outside corporate limits, wr	ite RURAL and give	nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street ad OR INSTITUTION Pleasant Hill Road	dress)	d. STREET ADDRESS Pleasant F	Hill Road		e. ts restdence ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Benjamin J. J.	7. Allison	Last		Month 31,1961	Day Year
5. SEX 6. COLOR OR RACE 7. MARRIED White WIDOWED		B. DATE OF BIRTH June 2, 18	78 9. AGE (In ye last deiethdo	ears IF UNDER 1 YE ay) Manths Day yrs.	AR IF UNDER 24 HRS
10b. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Gardener	ND OF BUSINESS OR INDUS	Maryland	ar foreign country)		U.S.
13. FATHER'S NAME Franklin D. Allison	2	14. MOTHER'S MAIDEN N			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	DCIAL SECURITY NO. II	NFORMANT Couis F.Sissor	TOOD LLOAT	Address dence Road	d
4/22, DUE TO	_	ema tic Cardio-	·Vascular I	0	NTERVAL BETWEEN NSET AND DEATH 24 hrs. Years
PART II. OTHER SIGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART 1(0	19. WAS AUTOPSY PERFORMED? YES NO
	IBE HOW INJURY OCCURRED	D. (Enter nature af injury in f	Part I or Part II of item 18.	.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJU Hour o. m. 19 While p. m. 19 at wark [Not while fac	ACE OF INJURY (Home, farm tory, street, office bldg., etc.		(Caun	(Stote
21. I certify that I attended the deceased alive an March 30 , 19 6.		accurred at 11A		and an the do	aw the deceased at a stated above DATE SIGNER
PHYSICIAN'S Martin E. Strol	bel, M.D.	Reisters	stown, Mar	yland	
Burial 4/4/61	Fork (hri	stian (em.	fork, Bo	wh, or county to	Marylan
23. FUNERAL DIRECTOR'S SIGNATURE Leonard J. Ruck 5305 Ho	artord Road	11 4 . 1	D BY REGISTRAR 246. F	REGISTRAR'S SIGNA	TURE

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VS A15 (4) 15M 9/5B

	STATE DEPARTM		I—BALTIMORE, 1	8
2681	CERTIFICA	ATE OF DEATH		Reg. Dist. No. 12660
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Maryla	ere deceased lived. If institution b. COUNTY	n: Residence befare admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits, write RU	IRAL and give nearest town)
Catonsville		Baltimor	е	31019
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION House In The Pines	idress)	d. STREET ADDRESS	t Park Avenue	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) JOSEPH MERRY	Middle	Lost C-	4. DATE Month OF DEATH	
OBBIT IN MIBICICI.	The set	RSON, Sr.	IVIAIC	h 23 1961
			last birthdoy)	Months Days Hours Min.
Male White WIDOWED		May 18, 1879		
 USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 		IRY II. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTR
	Produce		re, Maryland	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
Horace A. Anderson		Mary X	XXXX Miller	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC (Yes, no, or unknown) (If yes, give war or dates of service)	OCIAL SECURITY NO.	NFORMANT	Addre	955
	8-32-4416 I	Daisy E. Ande	erson-1909 For	rest Park Ave.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the <u>under-lying cause lost.</u> C PART II. OTHER SIGNIFICANT CONDITIONS CO	ANDRIVING TO BEATH BUT	NON DELATED TO THE TERM	ANA DISPASE CONDITION CIVE	Mer, 7, 196
O FART II. OTHER SIGNIFICANT CONDITIONS CO	NIKIBUTING TO DEATH BUT	NOT RECATED TO THE TERMI	NAL DISEASE CONDITION GIVE	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURRED	D. (Enter noture of injury in I	Part I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year Hour a. m. While of wark	Not while foo	ACE OF INJURY (Home, farm tory, street, office bldg., etc		(County) (Stot
21. I certify that I attended the deceased alive on March 72, 19 6 ACTUAL SIGNATURE B. Hurs PHYSICIAN'S Above here B. H.	of that death	accurred affilia	M, from the causes and ADDRESS (Street, city or town, s Block, Bullo	15, My 3/23/6,
	witz, M.D.		rrison Bouleva	
220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 3/25/1961	Woodlawn C		Baltimore	(Stote) (Stote) Maryland
23. FUNERAL DIRECTOR'S SIGNATURE Ellsworth Armacost-4600 I	ADDRESS iberty Hghts	4.51		TRAR'S SIGNATURE

Noney A first leave I PAR to a some and all of corol. knalvant, sunmitted and annorth statemers, Marviana VARIAN SAMORE WIRE A STATE OF STATE AND THE STATE OF STATE and the first the second of th to the state of the contract of the state of

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79	0013	GERTINION	IL OI DIMI		0.000		
1. PLACE OF DEATH o. COUNTY				here deceased lived. If institution: Re-	sidence befare admission)		
Baltim	ore	MARYLAND	o. STATE Maryla	nd b. COUNTY Ba	ltimore		
b. CITY OR TOWN (If autside RURAL and give nearest tow	corporote limits, w	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write RURAL	ond give nearest town)		
Arbutus	,,,,	2 Yrs.	X Arbutus				
d. NAME OF HOSPITAL (If no	t in haspital, give s	street address)	d. STREET ADDRESS		e. IS RESIDENCE		
	ve.		1 5522 Selm	a Ave.	YES NO		
3. NAME OF DECEASED (Type or print)	First na M.Ap	Middle Middle	Last	4. DATE Month OF DEATH March 29,	1961 19		
5. SEX 6. COL	OR OR RACE 7.	MARRIED A NEVER MARRIED	B. DATE OF BIRTH		DER 1 YEAR IF UNDER 24 HI		
	9 4		January 29,	1914 47 yrs. Mon	ths Days Hours Min.		
Oa. USUAL OCCUPATION (Give during most of working life,	kind of work done	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country) 12	CITIZEN OF WHAT COUNTR		
Waitress	even it retired)	Restaurant	Maryland		U.S.A.		
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
Unknown			Marie Gri	mes			
5. WAS DECEASED EVER IN U.			FORMANT	Address			
No [If yes, give	war or dates of service	212-30-4134	Jesse M. Apr	y 5522 Selma A	ve.		
18. CAUSE OF DEATH [Ent	er only one cause i	per line for _e (a), (b), and (c).			INTERVAL BETWEEN		
PART I. DEATH WAS		1	e i . Omni m	Posneed.	ONSET AND DEATH		
/ MMED	ATE CAUSE (a)	admoras	no mas	arroge	1/2 42		
1///	DUE TO	with mit	1	Cernif	1		
Conditions, it ony, which		war much	ases is	repene	6 me.		
cause (a), stating the under							
lying couse lost. (c)							
PART II. OTHER SIGN PART III. OTHER	IFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	inal disease condition given in	PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO		
	SE OF DEATH	. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Part II of item 18.)			
20c. TIME OF INJURY Mant Hour o. m.	//	f -	ACE OF INJURY IHome, form	, 20f. (City or town)	(County) (Stor		
Hour o.m.		While Nat while	ctory, street, office bldg., etc				
			Dec 10	to Ma. 20.	2/2/		
		ttended the deceased fram		68 to Mar 29,1			
saw the deceased ali	e an /	19.01., and that c	leath accurred at	3M, fram the causes and on			
220. SIGNATURE	de	1 -		ED STAFF	22b, DATE SIGN		
22c. PHYSICIAN'S	1 Dans	wasing-		RECTOR PHYS.	3-30-6		
NAME (Type)	0		22d. ADDRESS		t- 07 Wa		
A.Br	adley D	augharthy	1264 Fr	ancis Ave., Bal	.to.27, Md.		
	DATE THEREOF	23c. NAME OF CEMETERY O		23d. LOCATION (City, town, or cour	nty) (Stote)		
Burial (Specify)	/1/61	Meadowridge	Cemetery	Dorsey, Howard,	Maryland		
24. FUNERAL DIRECTOR'S SIGNA	TURE	ADDRESS		D BY REGISTRAR 256, REGISTRAR			
Ambrose, Inc	. 1328	Sulphur Spring	Rd. DATE	PR 3 '61	. 0 4		

ALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 the attending physician and completely filled. By the funeral director, Then please remove carbon papers. Pages 1 and 2 should be filed with TO FUNCE. DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board at Health prior to buriol, cremation, or remayal, and in any event, within 72 hours after death. TO HOSPIT

VR A15 (4) 15M 9/59

2893 THE MAN TO SERVE THE SERVE .evA smint Share Ave. TOVE BELLE AVE. VOICE TO ME THE TAX AND A SERVICE TO THE TAX A TOP FREE MOUNT AND THE AR PERT & ALBERT SA . . . semigo signif Ambrude, Inc. 1828 Collins Inthes Lav.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

12684

	2000		
-	1. PLACE OF DEATH • COUNTY	2. USUAL RESIDENCE (Where decessed fived, If institution: Residence before adm	nission)
M	DANTIMORE MARYLAND	· STATE b. COLLETY Baltimore	
M	b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearast town)	7
	OWINGS Mills 22mo	Baltimore 3001-	
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS a. 15 RESI ON A	
	Rosewood State Training School	/30 / / / / / / FROM	10
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Yeer	
		N ARMSTRONGDEATH MAR 20 196	
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S MALE WHITE WIDOWED DIVORCED	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 2) Solvent State of Birth day) When the Days Hours IF UNDER 2.	Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT CO	UNTRY?
	N3. FATHER'S NAME	BALTIMORE, M.D. U.S.A.	
I	Charles Eugene Armstrong	Evelyn hovise Tasker	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	NFORMANT Address	
	(Yes, no, or unkown) (Ifyes give war or dates of service)	art of Rosewood owings Mills,	Md
	1B. CAUSE OF DEATH [Enter only one ceuse par line for (e), (b), end (c).)	INTERVAL BETW	EEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cossination M	Loud ONSET AND DE	
	753 DUE TO Y	0.	
	Conditions, if any, which (b) General delie	lity- since n	dm.
	gave rise to immediate cause		
	(a), steting the underlying cause lest. (c) Service	ocychaly 5, nee bi	with
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AU	OPSY AED?
	1 mental retardation.	YES N	Anna
U	20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter neture of injury In Part I or Pert II of item 18.)	
		CE OF INJURY (Homa, ferm, † 2Df. (City or town) (County) (SI	leta)
	Hour a.m. Whila Not While fact of work at work	ory, street, office bldg., etc.)	
	21. I certify that (I) (this hospital) attended the deceased from	May 26 1961, to Mar. 20, 1961, that (1) (w	e) last
		death occured \$.45.AM, from the causes and on the date stated	
	220. SIGNATURE	ATTENDING MED. STAFF	DATE
	Olive Keid Barris M	.D. PHYS. DIRECTOR PHYS.	
	22c. PHYSICIAN'S NAME (Type) Olive Reid Harris	Devings miels marylan	d
	238. BURIAL, CREMATION, 236. DATE THEREOF 236. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State	a)
	(REMOVAL (Specify) new 23 - 41 amalong Ba	and Baltimore, Wd.	
8	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	100
1:	Trank H Henrell Popul	L Synd DATE MAR 27'61 arthur & thous	
)			

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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		LACE OF DEATH	BALTIM	ORE	MARYLAND	2. USUAL RESIDENCE o. STATE	(Where deceased li	the second second	sidence befo	re admission)
ì	t	RURAL and give no	outside corporate limits egrest tawn)	0.	STAY IN 16 FARS	-	(If outside corporate)	e limits, write RURAL RE	and give nec	SV 01-
7		d. NAME OF HOSPIT OR INSTITUTION	MASONIC	HOME		d. STREET ADDRESS	RAM	SEY ST		e. IS RESIDENCE ON A FARM? YES NO
	[NAME OF DECEASED (Type or print)	ELIZAB		widdle	ARNOLD	4. DATE OF DEATH	MAR	9	y Year 19 6/
I	5. S	FE	2 4 1	7. MARRIED NEVER A	VORCED B	DATE OF BIRTH $2-9-1$		AGE (In yeors left UI last birthday) Mor		Haurs Min.
	10a.	during most of wor	ON (Give kind of wark do king life, even if retired) WIFE	ane 10b. KIND OF BUSIN	IESS OR INDUS		ote ar fareign coun	try) 12	,	WHAT COUNTRY?
1	13.	JOHN	GATER	MAN		14. MOTHER'S MAIDE	N NAME A BETH	OLD.		
/			R IN U. S. ARMED FORC (If yes, give wor or dates of ser	2/2-03-0		nant L. G	huth &	- Coche	yrvil	Le, red
0	ATION	Conditions, if o gove rise to i couse (o), stoting lying cause last.	mmediate the under- DUE TO (c).	arteris Contributing	udi	Vascu	elen (Queidin	rii t	9. WAS AUTOPSY PERFORMED?
	CAL CERTIFICATION	(IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Year	20b. DESCRIBE HOW INJ	D 20e. PLA	CE OF INJURY (Home,	form, 20f. (City ar		(Caunty)	(State)
	MEDICAL	Haur o.m. p.m.	19	While Nat while of work	foct	ory, street, office bldg.,	etc.)			
ď			nt (1) (this haspital) sed alive on 3 -	attended the dece		4-18 eath accurred at 7		3- 9 e causes and or	19 <u>6</u> /, th the date	at (I) (we) last stated abave.
		22a. SIGNATURE	haster	T. (a	de y	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	3/	22b. DATE SIGNED
		22c. PHYSICIAN'S NAME (Type)	WALTE	RT.K	EES	22d. ADDRESS		VILLE	M	P.
	23a	BURIAL, CREMATIC	3-13-61		r CEMETERY OR	CREMATORY Cemetery	-	N (City, tawn, ar coolimore	inty)	(Stote)
1		FUNERAL DIRECTOR	s signature nc., 1217 S	ADDRESS St.Paul Str	eet		EC'D BY REGISTRA		S SIGNATU	

VR A15 (4) 15M 9/59

NO ASIO ROS STADINITEDO HOLE MANAGEMENT OF THE PROPERTY OF THE PROPERT

-46 7 F. 3P DIVISION OF STATISTICAL RESEARCH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 0 should 2. DATE OF DEATH 1. NAME OF DECEASED (Type or Print) the day 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) by the 3. PLACE OF DEATH IN BALTIMORE, MARYLAND A. STATE s. COUNTY HE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET .5-· Marvland **FULL NAME OF** filled i (If outside city limits, write RURAL and give township) ADDRESS OR LOCATION HOSPITAL OR c. CITY OR TOWN INSTITUTION Baltimore 24 Z. D. STREET ADDRESS (If rurot, give location) Island Point Road B. DATE OF BIRTH 9. AGE (In years last birthday) tf Under 1 Yr. If Under 24 Hrs. 00 carbon SINGLE, MARRIED. 5. SEX WIDOWED, DIVORCED (Specify) Months Doys Hours Min. and 12. CITIZEN OF WHAT COUNTRY? physician 10s. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) remove 10.4 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Marvland please 13. FATHER'S NAME attending Then 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL r attending physician. has been signed by the a (If yes, give wor or dates of service) SECURITY NO. (Yes, no or unknown) INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenia, etc., it means the disease, injury or complication which caused death.) **ANTECEDENT CAUSES** hospital or certificate ! Manigony dosoble DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION for After this Health OTHER SIGNIFICANT CONDITIONS CONTRIBUTING detached TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. jo may be refained DIRECTOR: / 20. AUTOPSY? IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED 7 plnods 22. I certify that (1) (this hospital) attended the deceased from__ that (1) (we) last saw the deceased alive on. 4 30 km., from the causes and on the date stated above. Page 4 and that in (my) (our) opinion death occurred at 23c. DATE SIGNED 23s. ADDRESS 23A. SIGNATURE Pelij STAFF PHYS.L MED DIRECTOR [] ATTENDING PHYS. (Stote) 240. LOCATION (City, town, or county) 24A. BURIAL, CREMATION, REMOVAL (Specify) 24c. NAME OF CEMETERY OF CREMATORY 24s, DATE dir. ig G VR A15/(4) 25c. FUNERAL 15M /9/60 25A. DATE REC'D BY HEALTH DEPT.

deal sign 4 may be retained by the hospital or attending physician.

OFF CARL DIRECTOR: After this certificate has been signed by the attending physician and comp y filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deapth. within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2626 CERTIFICATE OF DEATH 2686

1	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admit	ission)
1		BALTIMOVE MARYLAND	. STATE MARYLAND b. COUNTY BALTINORE	
		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)	
×	5.1	write RURAL and give nearest town)	X CATONSVIlle	
-4		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS e. IS RESID	ENCE
C		Shady NOOK NUVSING HOME	1500 Frederick Rd VES NO	ARM?
		NAME OF Middle	Lest 4. DATE Month Dey Yeer	
		(Type or print) RICHARD PRICE	BACK DEATH MARCH 2/ 1961	
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. 1 (in years IF UNDER 1 YEAR IF UNDER 24 Months Days Hours A	HRS, Win,
		1A/e WhiTe WIDOWED DIVORCED JU	Uly 26, 18/1 89 yrs.	
		ne during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or toreign country) 12. CITIZEN OF WHAT COU	JNTRY?
	1	-umber MFG.	MARKIAND	
1	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		ARTHUR P. BACR	Shaharh Ann York	
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	NFORMANT Address	
	(19	is, no, or unkown) (Ifyesgive war or deles of service)	lian Vogade 1001 N. Calrest SV-Batte-2-	
		18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).]	Interval Between	EN
		PART I. DEATH WAS CAUSED BY:	ONSET AND DEA	TH
		IMMEDIATE CAUSE (a) UNE CONTROL C	androvacular disease / yr +	
		7221 DUE TO		
		Conditions, if eny, which gave rise to immediate cause		
		(a), staling the underlying DUE TO		
		ceuse lest. (c)		
	NO O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTO PERFORM	
	CAT	Chronic myelord leubenia		1
	CERTIFICATION	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter neture of injury in Pert I or Pert II of item 18.)	
			CE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Ste	· ·
	MEDICAL		ory, street, office bldg., etc.)	ile)
		21. 1 certify that (I) (this hospital) attended the deceased from	1949 19 to March 2/196/, that (1) (we	A last
			death occured at R	
		22a. SIGNATURE	22b. D	
		00 4 100	D. PHYS. DIRECTOR PHYS. 3-2	IGNED
		22c. PHYS/CIAN'S	22d. ADDRESS	201
		NAME (Type) JOHNA A. NESBITT, JR	1118 At Paul St. Delt. 2. hul	
	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stale))
		BURIAL MARCH, 1961 LOUDON PAR.	K BALTIMORE Md.	
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
14	-	manufield on to 20	DATE MAR 27'61 Circling S. Flores	
			\$350 m	

PLACE OF DEATH

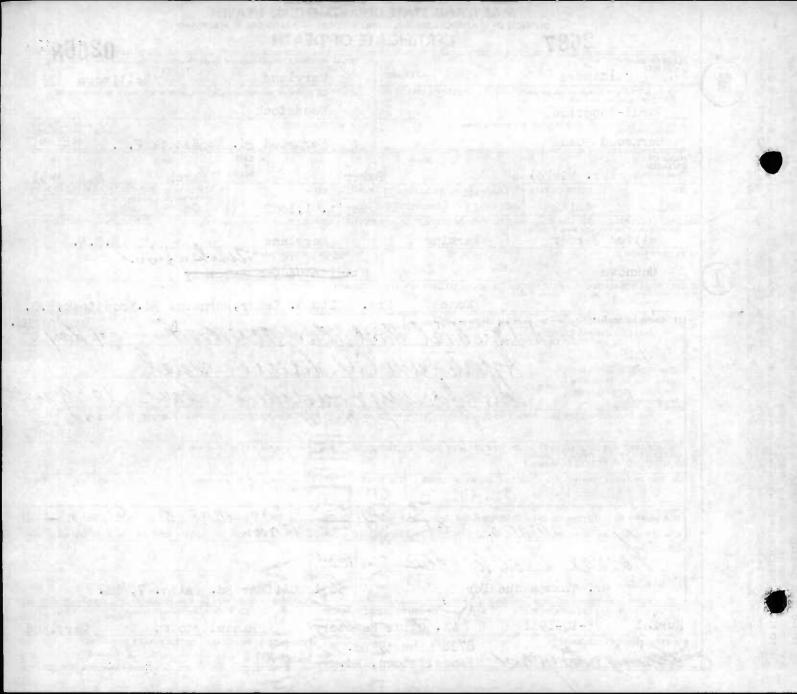
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MARYLAND	STATE	DEPARTMENT	OF HEALTH
ON OF STATISTICAL	RESEARCH	AND RECORDS - B.	ALTIMORE 1, MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before adm

2687 CERTIFICATE OF DEATH

o. COUNTY Ba.	ltimore		MARYLA	ND	Maryl	and	b. COUNT	Y Balti	more	
RURAL ond give r	(If outside corporate lim nearest town) Noodstock	its, write	c. LENGTH OF STAY IN	1 16	C. CITY OR TOWN		porote limits, write	RURAL ond giv	e nearest town	n)
OR INSTITUTION	TAL (If not in hospital, od Road	give street o	oddress)		d. STREET ADDRES		. Woodsto	ck P.O.	ON A	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Mr. Nickol	rst 8.8	Middle	Bake	Lost	4. DATE OF DEAT		onth		Yeor 1961
S. SEX		7. MARR	ED NEVER MARRIED	B. DA	TE OF BIRTH		9. AGE (In year lost birthdoy)	1	YEAR IF UND	ER 24 HRS.
Male	White	WIDOWE			p't. 1,1		98 yr	s		
during most of wo	ON (Give kind of work rking life, even if retired Parmer	done 10b. (Farming		Marvl	and			·S·A·	COUNTRY?
13. FATHER'S NAME				14	MOTHER'S MAID	EN NAME Z	enlano	wn		
Unknov	vn .		The Sales of the S	:	and the Co	nnon H	addaway			
15. WAS DECEASED EV	ER IN U. S. ARMED FOI (If yes, give war or dates of		SOCIAL SECURITY NO.	17. INFOR	MANT		Ad	dress		
			None	Mrs.	Edith G.	Baker	Hernwood	Rd. Woo	dstock	P.O.
δ <u>.</u>	immediate DUE TO the under- HER SIGNIFICANT CON	NDITIONS C	MANULEM ON THE TO DEATH		- The second			VA I		AUTOPSY DRMED?
	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	RIBE HOW INJURY OCC	URKED. (En	ter noture of injur	y in Port 1 or F	'orf II of item 18.}			
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Ye	20d. IN While of work	Not while		OF INJURY (Home, street, office bldg.		lity or town)	(Co	unty)	(Stote)
saw the decea	at (1) (this haspitalised alive on M	1) attender 8	ed the degeased fr				MAR. 8			
22c. PHYSICIAN'S	max E	W	tulle	M.D.	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR [STAFF PHYS.		22	b. DATE SIGNED
NAME (Type)	Dr. Thomas	Wheel	er	1		lifmar	Rd. Balto	o. 7, M	d •	
23a. BURIAL, CREMATIC	A		23c. NAME OF CEMETE			23d. LOC	CATION (City, town	, or county)	(Sto	te)
BUTTAL Specify	7	L	Mt. Oliv	e Cen	etery	Ran	dallstown		-	yland
24. FUNERAL DIRECTOR	S SIGNATURE	30/	8728 Liber		•	MAR 13		SISTRAR'S SIGN		



4

the funeral within 24 hours after filled in by Pages hours D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed death toge 4 may be retained by the hospital or attending physician.

O FEATERAL DIRECTOR: After this certificate has been signed by the attending physician and comp director, page 3 should be detached for use as the burial-transit permit. Then please remove cerbon papers. be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 ho of within TO HOT deat

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

2688 — CERTIFICATE OF DEATH

12660

1. PLACE OF DEATH a. COUNTY Baltimore 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before accessed lived, If it is accessed to the contract of the contract o	mission)
Baltimore Maryland Maryland	
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)
Fort Howard 132 Days Baltimore	1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RES	IDENCE FARM?
Veterans Administration Hospital 306 S. Woodyear Street	
3. NAME OF First Middle Lest 4. DATE Month Dey Year DECEASED OF	
	61
5. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 1	
Male White widowed Divorced May 25, 1888 72 yrs. Months Days Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT CO	OUNTRY?
Unemployed Soldier Army Italy U. S. A.	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
oseph Barrette Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
(Yes, no, or unkown) (Ifyesgivewerordetesofservice) Yes WW I 219-32-3560 Clinical Records, VAH, Balto. 18, Md. Ft. Howard	Div
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),	VEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEART ATTACK ONSET AND D I HOUR	ATH
TATELONIE CHOSE (6) STATELONE	
DOLLO MICOCALDIAN THEMOTION	
Conditions, if eny, which (b)	T
(a), stating the underlying DUE TO ARTERIOSCLEROTIC HEART DISEASE	A
cause lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS ALL PERFORMANCE OF THE PERFO	
5 PUIMONARY EMPHYSEMA. GOUT	10 1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS A PERFORM PULMONARY EMPHYSEMA. GOUL 20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of Item 1B.) OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert II or Pert II of Item 1B.) (If EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, '20f. (City or town) (County)	itate)
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Hour e.m. While Not While factory, street, office bldg., etc.)	
Nov 8 60 March 20 61	
saw the deceased alive on March 20 19.61, and that death occurred at	
	SIGNED
ZZC. PHYSICIAN'S NAME (Type) 22d. ADDRESS	
THOMAS F. CRAHAN, M.D. VAH, BALTO. 18, MD., FT. HOWARD DIVISION	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	te)
Burial Mar. 23, 1961 BALTIMORE NATIONAL BALTIMORE MARYLAND	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REGISTRAR'S SIGNATURE	
Joseph Farace, 712 E. North Avenue, Balto.Md. DATE Cuthun I. Huga	

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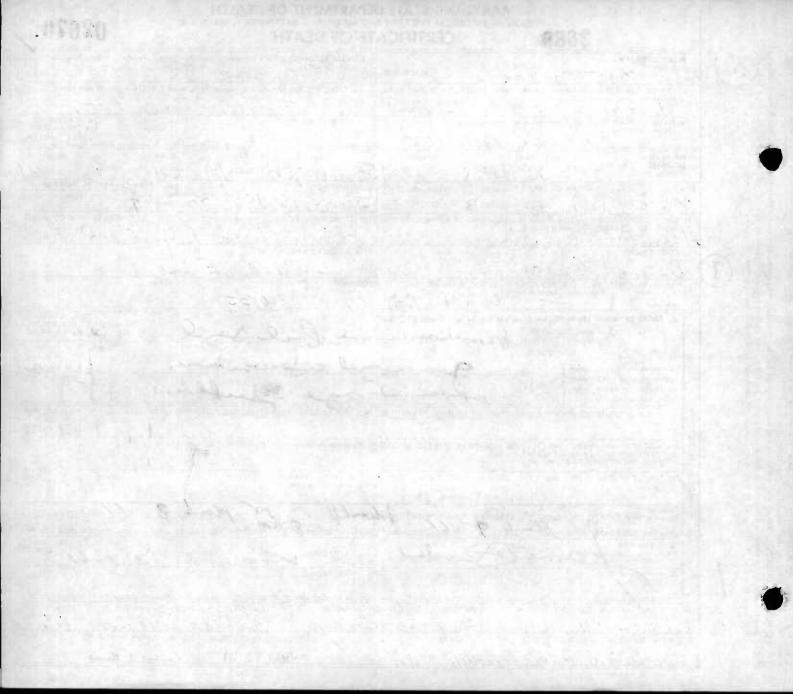
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

02670

	1. PLACE OF DEATH O. COUNTY Baltina MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate Jimits, write RURAL and give nearest town)	c. CITY OR TOWN (If ayside carporate limits, write RURAL ond give nearest town)
0	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION OF INSTITUTION OF ITE OF EMPLOYEE OF THE CONTROL	d. STREET ADDRESS Bayside, Long Island YES NO DE
	3. NAME OF DECEASED (Type or print) FREDERICK Middle	3051 1961 Lost 4. DATE Month Day Year OF DEATH MAYCH 9 1961
	S. SEX 16. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Amonths Days Hours Min. 7. Yrs. 9. AGE (In years IF UNDER 24 HRS. Months Days Hours Min.
1	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI growing most of working life, even if retired), Lin Falls (imput Co) 13. FATHER'S NAME	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Springfield, N, Y, Y, Y, S, A. 14. MOTHER'S MAIDENTMAME
	Daniel Bassinger	Lydia Ely.
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, gr, unknown) (If yes, give war or dates of service) 082-14-6728	Family Records
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.	agil orderies brown. Joans,
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		ED. (Enter noture of injury in Port I or Port II of item 18.)
		LACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (Stote) octory, street, office bldg., etc.)
	21. I certify that (I) (this haspital) attended the deceased from saw the deceased olive option. 196, and that	death occurred or MM, from the causes and an the date stated above.
	220. SIGNATURE Come Conda	M.D. ATTENDING MED. STAFF SIGNED STAFF
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
	The state of the s	Cemetery PineLawn, Long Island, N.Y.
	John Burns Sons, Towson, Mid.	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATMAR 1 3 '61 Culling 8. Huma



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	2690	Ttem 3. Tim G	CATE OF DEAT	H	Reg. Dist	1. No.
a. COUNTY	Baltimo	re marylan	2. USUAL RESIDENCE (W. o. STATE Mary	h (0.0145.4554	e before odmission)
b. CITY OR TOWN RURAL and give in Herefor		c. LENGTH OF STAY IN 1	c. CITY OR TOWN (IF	autside corporate limit	s, write RURAL and gi	ive nearest tawn)
d. NAME OF HOSP OR INSTITUTION Hereford		give street oddress)	d. STREET ADDRESS Hereford	Rd.		e. IS RESIDENCE ON A FARM? YES NO
B. NAME OF DECEASED (Type or print)		irsBlackston Middle	tson	4. DATE OF DEATH	Month arch	23 Yeor 23 1961
s. sex Female	6. COLOR OR RACE	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	1 1/2 1- 77 7	913 9. AGE (1951)	41 1 1	1 YEAR IF UNDER 24 HRS Doys Hours Min.
0a. USUAL OCCUPAT during most of wo		done 10b. KIND OF BUSINESS OR IN	NDUSTRY 11. BIRTHPLACE (Stote	771	. 1	in of what country
3. FATHER'S NAME Webly	Greene		Henreitt			
	ER IN U. S. ARMED FOI		Audry Edmon	Day Verse	Address ord, Mar	yland
	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (I DUE TO any, which immediate g the under-	D				INTERVAL BETWEEN ONSET AND DEATH
CATIO	THER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	MINAL DISEASE CONDI	TION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	VAS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Month, Doy, Ye		JRRED. (Enter nature of injury in			ounty) (State
20c. TIME OF INJU Hour o. m. p. m.	10	While Not while of work at work	factory, street, office bldg., et			(0.5.1)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	.) lechest C. Herbert			M, fram the cau ADDRESS (Street, city Ref	uses and an the or town, state)	st saw the deceased date stated abave DATE SIGNEE
REMOVAL (Specify Burial	3/27/	61 Arbutus	Memorial Par		is Ma	(Stote) aryland
William		ADDRESS		AD 2 8 '61	ab. REGISTRAR'S SIG	

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DIVISION OF STATISTICAL RESEAR TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: e. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If Justide corporate limits, write RURAL and give neerest town) write RURAL end give neerest town) timore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle DECEASED OF DEATH (Type or print) Henry Marc 19 B. DATE OF BIRTH 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years 7. MARRIED NEVER MARRIED lest birthdey) Months Hours WIDOWED male YIS. 10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) unone 0. 13. FATHER'S NAME tadder 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no. or unkown) | (Ifyes give we ror detes of service) same 18. CAUSE OF DEATH (Enter only one cause per line for (e) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO Conditions, if eny, gave rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO T momarch 2De. ACCIDENT WAS UNDERLYING | 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, (State) 20c. TIME OF INJURY 2Df. (City or town) (County) Month, Day, Year fectory, street, office bldg., etc.) While Not While Hour a.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from......196...... and that death occured at A. P.a.M., from the causes and on the date stated above. 1.6 saw the deceased alive on..... 22e. SIGNATURE 22b. DATE ATTENDING SIGNED MED STAFF PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county (Stete) REMOVAL . (Sperify) Durial emeteru

Hartord Road

25b. REGISTRAR'S SIGNATURE

arthur S. Kraus

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24 FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2692 11 2 TISUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1. PLACE OF DEAT 2. DATE OF DEATH I. NAME OF DECEASED BENJAMIN BERMAN (Type or Print) 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) PLACE OF DEATH IN BALTIMORE, MARYLAND **B. COUNTY** A. STATE elimore. County altimore Md. ENOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF DIRESS OR LOCATION (If outside city limits, write RURAL and give township) HOSPITAL OR c. CITY OR TOWN INSTITUTION timore 6907 Belair Rodd (If rurot, give location) D. STREET ADDRESS Baltimore, 6, Md. 6907 Belair Road 9. AGE (In years lost birthdoy) 6. COLOR OR RACE 7. SINGLE, MARRIED. If Under 1 Yr. If Under 24 Hrs. 5. SEX WIDOWED, DIVORCED (Specify) Months Days Hours Min. white male married 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (State or foreign country) 10.A USUAL OCCUPATION (Give kind of work done during most of working life, even 10s. KIND OF BUSINESS OR INDUSTRY Baltimore, Md. Custom Tailor own business 14. MOTHER'S MAIDEN NAME 3. FATHER'S NAME Tsaac Berman unknown ADDRESS 17. INFORMANT 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. (Yes. no or unknown) (If yes, give wor or dates of service) Minnie Bensel Berman, wife, above INTERVAL BETWEEN **CAUSE OF DEATH** 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) **ANTECEDENT CAUSES** DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20. AUTOPSY? IE OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II 19A. DATE OF OPERATION 22. I certify that (1)/(this hospital) attended the deceased fram_ that (I) (we) last saw the deceased olive an_ _m., from the causes and an the date stated above and that in (my) (aur) opinian death accurred at 23c. DATE SIGNED 23A. SIGNATURE STAFF PHYS. MED. DIRECTOR ATTENDING PHYS. (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY 24p. LOCATION 24A. BURIAL, CREMATION, 24s. DATE REMOVAL (Specify) Baltimore. Parkwood C metery 3/16/61 Burial

2Sc. FUNERAL DIRECTOR

Schimunek Funeral

Lane

258 NAME OF REGISTRAR

director, OI VR A15 (4) 15M 9/60

with the

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2SA. DATE REC'D BY HEALTH DEPT.

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physician DVe

attending |

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has been signed by the burial-transit permit.

may be retained by the hospital or DIRECTOR: After this certificate his 3 should be detached for use as the e State Dept. of Health prior to buri

CERTIFICATION

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. directar, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased liyed. If institution: Residence before admission) filed o. COUNTY b. COUNTY MARYLAND eral b. CITY OB TOWN (If outside corporate limits, write pe c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give neorest tawn) shauld d. NAME OF HOSPITAL (If not in hospital) give street address! e. IS RESIDENCE ON A FARM? YES NO NAME OF Middle Year filled DECEASED ages (Type or print) 19 IF UNDER I YEAR IF UNDER 24 HRS 9. AGE (In years letely MARRIED NEVER MARRIED last birthday) Months Dovs DIVORCED T WIDOWED [papers. a USUAL OCCUPATION (Give kind of work dane 10b. during host of working life, even incelired) Cam MIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? death. pup Pon 14. MOTHER'S physician COL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per little INTERVAL BETWEEN AND DEATH ā PART I. DEATH WAS CAUSED BY:
| IMMEDIATE CAUSE (0 DUE TO by Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underbeen si lying cause lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar town) 20d. INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc.) MEDI a. m While Not while ot work ot work 196 that I last saw the deceased 21. I certify that I attended the deceased alive an and that death occurred at 4M, fram the causes and an the date stated above. ADDRESS (Street, city of ACTUAL SIGNATURE DIR shauld PHYSICIAN'S registrar BURIAL, CREMATION, 22b. DATE THEREOF LOCATION (City, town, or county) NAME OF CEMETERY OR CREMATORY (Stote) page REMOVAL (Specify)

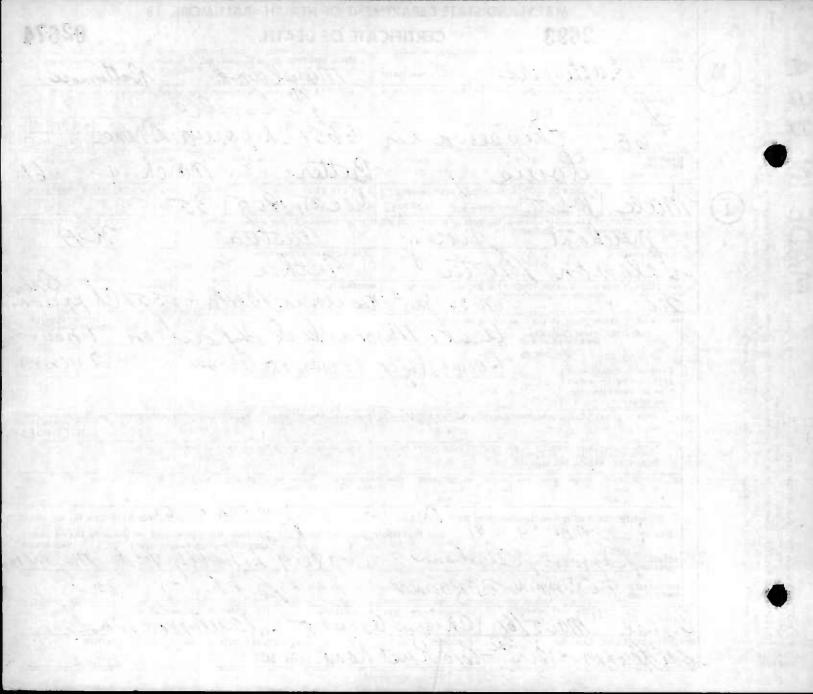
ADDRESS

24b. REGISTRAR'S SIGNATURE

24g, REC'D BY REGISTRAR

DATE

O E O O VS A15 (4) 15M 9/5B



TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please executed for certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funered director. Page 4 should be forwed at the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your standard to be used as a burial-transit permit. File pages 1 and 2 with the registror prior to burial, cremation.

ar remaval.

VS. A1SME(S) 5M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
2694 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

			13	1	6	7	6
eq.	Dist.	No.	U	10	U		U

a. COUNTY	Balltimore	MARYLAND	C CTATE	here deceased lived. If in b. COU	0.191	ce before admission)
and give nearest tow	fourside corporate limits, write RURAL no. Villa (20)	c. LENGTH OF STAY IN 16	×	outside corporate limits, w		give nearest lown)
d. NAME OF HOSPI	TAL OR INSTITUTION (If not in he averse Ave.	spital, give street address)	d. STREET ADDRESS	Lipstream Cou	355, 114	e, IS RESIDENCE ON A FARM? YES NO 2
3. NAME OF DECEASED (Type or print)	First CHARLES RAY	Middle BILLINGS	Last	OF	onth ch 15,	Day Year 19 67
5. SEX	6. COLOR OR RACE 7. MARR WIDOWE		DATE OF BIRTH Sept. 22, 194	9. AGE (In yearn last birthday)		YEAR IF UNDER 24 HRS. ays Hours Min.
10a. USUAL OCCUPATI during most of working Stude	ON (Give kind of work done 10b. ng life, even if retired)	School	North Ca	erolina	12. CITIZ	EN OF WHAT COUNTRY?
13. FATHER'S NAME Carl	Billings		14. MOTHER'S MAIDEN NA Marjorie			
15. WAS DECEASED EV (Yes, no. or unknown)	/ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		arl Billings	Addr Same	ess	
PART I. DEA 936 Conditions, if c gave rise to imme (a), stoting the couse last.	diate cause	Strongulas	tion of the repulsion	NALDISEASE COMPITION	CIVIDA IN LIBERT	INTERVAL BETWEEN ONSEL AND DEATH SAMALA
200. EXTERNAL CA PRIMARY Or CO CAUSE OF DEATH. 20c. TIME OF INJUINED TO MAKE THE COMMENT OF THE	USE WAS NTRIBUTING 20b DESCRIB RY Month, Day, Year 20d. Whit at w.	E HOW INJURY OCCURRED. (EN LEW OLLY BUTON INJURY OCCURRED 200. PLACE OCCURRED TO	nter nature of injury in Parl A Sed in Su E OF INJURY (Home, farm, rry, street, affice bldg., etc.) Ve, held an Autopsy	for Part II of item 18.) for Which 20f. (City or town)	Subject (Coun	PERFORMED? YES NO D
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	JACK CO	Polliny	_M.D. CHIEF MEDICAL EXA ASSISTANT MEDICAL DEPUTY MEDICAL EX	L EXAMINER C	3	DATE SIGNED
23. FUNERAL DIRECTOR	3/16/61 Signature ruzdzinski 1407	Hartsell Fune ADDRESS Lastern Ave. (ral Home	Concord, No BY REGISTRAR 2 0 '61		ATURE

MARYEAND STATE DEPARTMENT OF HEALTH -BASHMORE TO SEGG MEDICAL EXAMINER'S GERTIMORTE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2695 CERTIFICATE OF DEATH 1. PLACE OF DEATH

		UNUNU
2.	USUAL RESIDENCE (Whare	deceased lived, If institution: Residence before admission)
	a. SIATE Maryland	b. COUNTY
	c. CITY OR TOWN (If outside c	orporate limits, writa RURAL and give nearest town)

11267r

Baltimore		MARYLAND	" Maryland	i. COUN	Dave Areador
b. CITY OR TOWN (i. write RURAL and Fort Howar	foutside corporate limits, giva nearast town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsida corporate limits, writa	RURAL and give nearest town)
	AL OR INSTITUTION (if not in	0, 0	d. STREET ADDRESS	rnie, (Maryland	. IS RESIDENCE
PR .	Administration			West Drive W.Rt.l,Silver	ON A FARM?
3. NAME OF	First	Middle	Last	4. DATE Month	
(Type or print)	JOHN	Λ Τ	TORGT	OF DEATH Man	1 3/ 10/2
3. SEX			BISESI	9. AGE (In years	
	O. COLOR OR RACE 7. MA	THE PER MARKED	DATE OF BIRTH	last birthday)	Months Deys Hours Min.
/Male	1	OWED DIVORCED D	April 23,189	93 67 yrs.	
10a. USUAL OCCUPATI	ON (Give kind of work 1D	b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Cour	nty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Commission		Merchant House	Baltimore	e, Maryland	U. S. A.
13. FATHER'S NAME			4. MOTHER'S MAIDEN		0. D. R.
Phillips B	isesi		Anna Catar	nzio	
15. WAS DECEASED EVI	ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17 CIN			30 31 3 3
Yes Yes	fyesgive war or datas of service)	220 03-1380 501	TUTCST. VGCOI	res, van, Baltin	nore 10, Maryland
	EATH [Enter only one cause		RT HOWARD DI	LATZION	INTERVAL BETWEEN
	H WAS CAUSED BY.				ONSET AND DEATH
	IMMEDIATE CAUSE (a) MI	ETASTATIC CARCINON	IA OF LUNG,	PRIMARY SITE	_UNKNOWN
163		NKNOWN			
Conditions, if any	, which) (b)				
gave rise to immedi	ate cause				
(a), stating the un	nderlying DOE TO				
causa last.) (c)	CONTRIBUTING TO DEATH BUT NOT	DEL ATER TO THE TERM	NAL DISCASS CONDITION ON	Thi IN DADT 1/-1/ 10 WAS ALITORSY
PART II. OTHER CHRONIC OPERATION OF CONTRIBUTING OR CONTRIBUTING OF CONTRIBUTI	PUTMONARY EMPE	CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMI	indings: Metas	Static PERFORMED?
3 Operatio	n: 4/18/60 Bid	opsy of tumor mass	.left side	of neck: Carol	ASTIC: YES NO X
20a. ACCIDENT W	AS UNDERLYING 206.	HYSEMA Opsy of tumor mass DESCRIBE HOW INJURY OCCURED.	Enter nature of injury in	Part I or Part II of itam 18.)	1101110
U (IF EITHER, NOTIFY	MEDICAL EXAMINER)				
ZOc. TIME OF INJU	RY Month, Day, Year 2	Dd. INJURY OCCURRED 200, PLAC	OF INJURY (Home, farr	n, 2Df. (City or town)	(County) (State)
20c. TIME OF INJU	V	While Not While factor	y, street, office bldg., etc		
	17	work at work		(2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
21. I certify t	hat (4) (this hospital) a	ttended the deceased from	rebruary 58	1861 10 Warch 11	6, 1961, that (x) (we) last
saw the deceas	ed alive on March	10 19 01, and that of	death occured at A.	M, from the causes	and on the date stated above
22a. SIGNATURE	1				22b. DAIL
4	Dical	M.D	DUING 1	MED. STAFF DIRECTOR PHYS.	3/16/61
22c. PHYSICIAN'S	near to		22d. ADDRESS		
NTHOMAS.	F. CRAHAN, M	.D.	VAH. BALT	IMORE 18. MD.F.	T. HOWARD DIVISION
23. BIRIAL CREMATI	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY OF		23d, LOCATION (City, tox	
REMOVAL (Specify)					
Burial	3/20/61	Baltimore Nat		Baltimore	28, Maryland
24 FUNERAL DIRECTOR		ADDRESS	25a. RE	MAR 21 '61	Circles Signature
JOHN F.	DENNY. INC.	715 Light St.	DATE	MARCIOI	20000001 300

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death.

4 may be retained by the hospital or attending physician.

5 TO FULLARL DIRECTOR: After this certificate has been signed by the attending physician and comple. After this certificate has been signed by the attending physician and comple. After this certificate has been signed by the attending physician and comple. After this certificate has been signed by the attending physician and comple. After this certificate has been signed by the attending physician and complex filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after feath. within 24 hours after

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY Page is necessary. Health BALTIMORE MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) director. Your write RURAL end give neerest town) DUNDALK P d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) Por Boar e. IS RESIDENCE ON A FARM? BAYBRIAR NY BAYBRIAR retained he State YES NO 3. NAME OF Middle DECEASED and 3 to the the (Type or print) with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH 2 wit lest birthdey) 1 and 72 bg IDa. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Give Pages 1, pages 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give we ror detes of service) 3104 BAY13 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).) - and in I. DEATH WAS CAUSED BY: RON IMMEDIATE CAUSE (e) Office DUE TO burial certificate should Conditions, if eny, which (b) geve rise to immediate cause the word "pending" DUE TO (a), stelling the underlying Examiner cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? cremati 2 Medical NO plnods 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 2De. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: CAUSE OF DEATH. Chief the Chie 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Steta) fectory, street, office bldg., etc.) While Not While et work et work FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection D and in my opinion 0 forwarded death resulted from: Natural causes Accident Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE **EXAMINER'S** plnods NAME (Type) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Slete) DE REMOVAL (Specify) BURIAL OI 40 % MAR 1 5 '61 VS. A15ME 5M 7/59 304XV4

CONTRACTOR OF THE PARTY OF THE PARTY. A REAL PROPERTY OF THE PARTY OF PLAN HARDY 250 6 21 EL WILLE PROJECT KESTERE THE TOTAL STANDS AND STANDS OF THE RELEASE TO THE REPORT OF THE PARTY OF TH

CERTIFICATE OF DEATH 2697 il director. Filed with haurs after death. Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Raltimore Maryland b. CITY OR TOWN (If autside corporate limits, write the funeral c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) should be RURAL and give negrest town) Catonsville Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS Nursing Home Manor Westowne Ro NAME OF First Middle 4. DATE Lost Month executed within 24 M. Laura Borton DEATH (Type or print) Mar. 16.1961 9. AGE (In years lost birthdoy) IF UNDER I YEAR IF UNDER 24 HRS. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH emale White WIDOWED D DIVORCED [10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) death. during most of working life, even if retired) Phil. Pa. At Home puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Ella Jackaway Zachary Faunce 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address J. Howard Borton-213 Westowne Rd. 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). Generaly action religious that the DUE TO à Conditions, if ony, which any gove rise to immediate DUE TO couse (a), stating the underlying couse last. **burial-transit** (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour o. m While Not while of work of work MMRCH 16, 1961, that I last saw the deceased 196/ to 21. I certify that I attended the deceased from , and that death accurred at 12.45PM, from the causes and an the date stated above. DIRECTOR: ADDRESS (Street, city or town, stote) ACTUAL DMONDSON BALTIMORE plaou HOSPITAL PHYSICIAL NAME (PYPE 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) FUN Camden New Jersey 0 ADDRESS 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR Oliver St. MAR 2 2 '6' Chilling S. Frank John C. Miller

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE ON A FARM?

YES NO T

Yeor

19

Min

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

DATE SIGNED

(State)

12. CITIZEN OF WHAT COUNTRY?

Reg. Dist. No.

JESTHINORE

Day

U.S.A.

(County)

VS A15 (4) 1SM 9/S5

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CERTIFICATE OF DEATH I director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND 84 Funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) pe RURAL and give nearest town) should d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION N NAME OF First Middle 4. DATE Month DECEASED OF 24 fille DEATH (Type or print) Pages FOR within S. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH campletely lost birthdoy) WIDOWED D DIVORCED | papers. 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) and - O carban after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician emave INFORMANT attending CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO à Ė Conditions, if ony, which been signed gove rise to immediate per DUE TO couse (o), stoting the underlying couse lost. burial-transit physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. has 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20 (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month. Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o. m While Not while this of work of work tofficiely 10, 1961, that I last saw the deceased 21. I certify that I attended the deceased fram and that death accurred at 10301M, fram the causes and an the date stated abave. DIRECTOR: þ ACTUAL pe priar ned SIGNATURE 0 3 shauld PHYSICIAN'S registrar NAME (Type) LO FUNE 220. BURIAL, CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY page REMOVAL (Specify) the 0 **FUNERAL DIRECTOR'S SIGNATURE** ADDRESS 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4)

1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Rea. Dist. No

Months

e. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

Dovs

WEENSWA

(County)

arthur S. Firmes

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED?

YES NO

(Stote)

DATE SIGNED

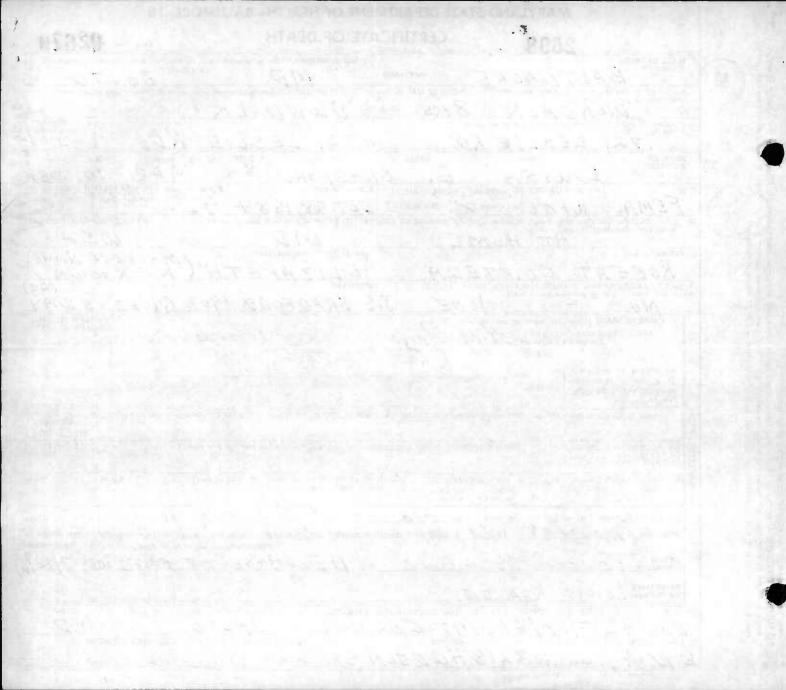
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VS A1S (4) 1SM 9/SB

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2699

CERTIFICATE OF DEATH

Reg.	Dist.	02	68	n

	1. PLACE OF DEATH o. COLINTY OALTIMORE CO, MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 7 7 7 7 7 7 7 7 7 7 7 7 7	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 3202 Mc Swane May	d. STREET ADDRESS A. STREET ADDRESS ON A FARM? YES NO DE
	3. NAME OF DECEASED (Type or print) MARGARETHA BRAN	DENBURG 4. DATE Month Day Year DEATH MARCH 2P 1961
)	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH MAY 15, 1870 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	GERMANY GERMANY
	- GARBER	14. MOTHER'S MAIDEN NAME
	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no, or unknown) (If yes, give war or dates of service)	REDA VIEBUHR 320PMCJHANEWAY
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. DUE TO (b) DUE TO (c)	LEROTIC CARDIOVASCULAR 104R
>	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO D. (Enter noture of injury in Port 1 or Port II of item 1B.)
	ZOc. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) 20f. (City or town) (County) (Stote)
	21. I certify that I attended the deceased fram alive an 2 March, 1961, and that death actual signature PHYSICIAN'S (1) Francisco Control of the control of	n accurred at 121 M., from the causes and an the date stated abave. ADDRESS (Street, city or town, state) M.D. ADDRESS (Street, city or town, state) DATE SIGNED
	PRINCE (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOYAL (Specify) CREMATION MAR 21 1961 GREENMOON	Dundalk 22, Maryland R CREMATORY 22d. LOCATION (City, town, or county) RA, TIMBOR WHO
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS OLCRICH FONERAL HOMES. DUNDALI	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE APR 5 '61 Civiling B. Frank

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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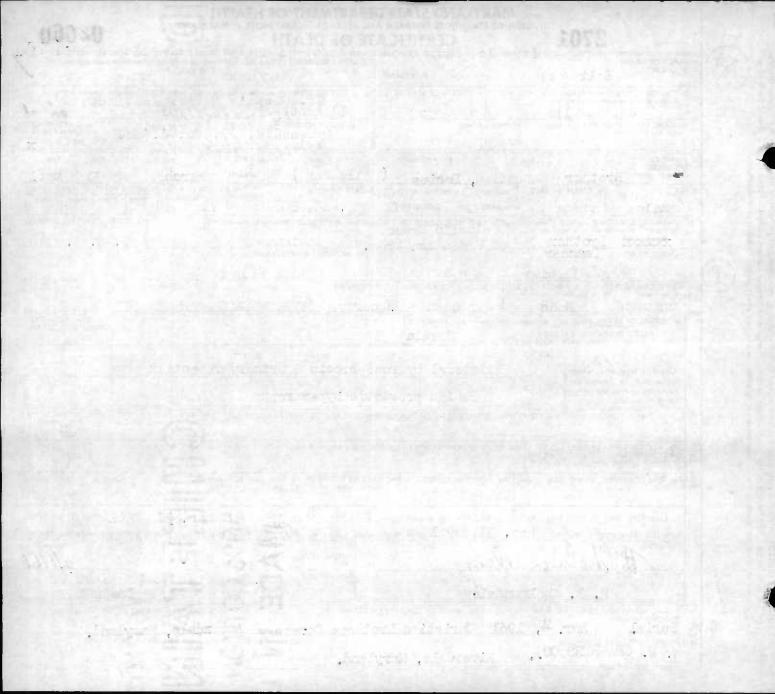
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o. COUN		Baltimore			MARYLAND	2. USUAL I	Mary]	(Where deceas		institutio OUNTY		nce before		ion)
RURAL	and give near	utside corporate limi est tawn) River	its, write	c. LENGTH	OF STAY IN 16	c. CITY	Overl	(If outside corp	orate limits,	write RI	URAL and	give neo	rest town)
d. NAME OR IN	ISTITUTION	(If not in hospitol, s 11. Nursin				d. STRE	LO4	s Elmwoo	d Rd.					FARM?
NAME O DECEASE (Type or	D print)	LYDIA Fin			Middle BRESNICK		Last	4. DATE OF DEATI	1	Mon	th rch	1,		Yeor 19 ⁶¹
Fema	_	White	7. MARR		ER MARRIED DIVORCED	8. DATE OF I	15.	1895	9. AGE (In lost bir	thdoy)	Months Months	R 1 YEAR Doys	Hours	R 24 HRS Min.
0a. USUAL during	occupation most of working Housewi	(Give kind of work g life, even if retired £ e	dane 10b.	At	Home	ISTRY 11. 8IR		tate ar foreign ermany	country)		12. CI	TIZEN O	U S	COUNT
3. FATHER'S	S NAME Will	iam Gell	.ert		Garage S	14. MOTH	er's maide Et		Unknov	m				
(Yes, no, or un	CEASED EVER II	N U. S. ARMED FOR res, give war or dates of s	CES? 16.	None	CONTRACTOR OF THE PARTY OF THE	. Gilb	ert V.	Bresn	ick 6	Addr 5104	Spri	ngwo	nod (ct.
18. CA	PART 1. DEATH 1A 1A 1itions, if any, rise la imm	nediate (Can	Take Ch	- pr	ily	Jedinley July	sites	tes	Aunt.	INTE	RVAL BE	TWEEN DEATH
Cand gove cotse lying	PART 1. DEATH 1A	WAS CAUSED BY: MMEDIATE CAUSE (c DUE TO which pediate puder- DUE TO		Can	tati Cl	- pr	ily	Seliner J	site	tes	Man !	ONS	ET AND	DEATH
Cand gove cotse lying	PART 1. DEATH	WAS CAUSED BY: MMEDIATE CAUSE (composition of the composition of the c	DITIONS CONF	Can Contribution	Cin Con Co	1001	•				Aunta	ONS	9. WAS PERFO	AUTOPSY PRMED?
Cond gove cotise lying NOI COR COI (IF EITH	PART I. DEATH itions, if any, rise Io imn (a), storing the couse lost. PART II. OTHER IDENT WAS, NTRIBUTING LI ER, NOTIFY ME	WAS CAUSED BY: MAEDIATE CAUSE (c DUE TO which ediate ynder- SIGNIFICANT CON UNDERLYING O CAUSE OF DEATH EDICAL EXAMINER)	DITIONS C	CONTRIBUTION LIGHT CRIBE HOW	GEO DEATH BUT	D. (Enter natu	re of injury	y in Part 1 or Pc	ort II af item			(a) 1	9. WAS PERFO	AUTOPSY RMED?
Cond gove codse lying 200. AGO OR COD (IF EITH YOU)	PART 1. DEATH itions, if any. rise 1a imm (a), stofing the cause lost. PART 11. OTHER CIDENT WAS INTRIBUTING I	WAS CAUSED BY: MAEDIATE CAUSE (c DUE TO which ounder SIGNIFICANT CON UNDERLYING CAUSE OF DEATH EDICAL EXAMINER)	DITIONS CONFIGURE 206. DESC	Can Contribution	GEORGE CONTROL OF THE PROPERTY	D. (Enter natu	re of injury	y in Part 1 or Pa	ort II af item			ONS	9. WAS PERFO	AUTOPS'
18. CA Cond gove codse lying 20a. AG OR COI (IF EITH H)	PART I. DEATH In the second of the second o	WAS CAUSED BY: MARCHATE CAUSE (c DUE TO which hediate SIGNIFICANT CON UNDERLYING CAUSE OF DEATH EDICAL EXAMINER) Month, Day, Ye 19	DITIONS Conference of the conf	CONTRIBUTION CRIBE HOW INTO White I of work and fram	REAL CONTROL OF THE PROPERTY O	ACE OF INJUICATION OF THE PROPERTY OF THE PROP	RY (Home, affice bldg., ta at 1]	form, 20f. (Ci	by or tawn) m the ca	18.) 1961_ Uses a pritown,	_,that I	RT 1(a) 1	9. WAS PERFC YES	AUTOPS: RMED? NO

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VR A1S (4) 1SM 9/59

	2701 DIVISION OF ST				02660
1	PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	O STATE	ere deceased lived. If institution: Residence	e George
	RURAL ond give nearest town) Catonsville	c. LENGTH OF STAY IN 16	ELLACOXX/Y	utside corporote limits, write RURAL ond given by Normal Insti-	tute 16x-2
7	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION SPRING GROVE STATE H	OSPITAL	d. STREET ADDRESS Be Ammendal Taylor		e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Rype or print) Brother Sebastian	n. Dacius (Allgeier)	4. DATE Month OF DEATH March	Day Yeor 31 19 61
5		D NEVER MARRIED	B. DATE OF BIRTH Aug. 15, 1889	lost birthdov) Months C	YEAR IF UNDER 24 HRS. Days Hours Min.
L	od. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Description Brother Of the control of the contro	tholic Order Christian Bros	Tun ala anna	U.	S. A.
1-	Henry Allgeier S. WAS DECEASED EVER IN U. S. ARMED FORCES? (fes. no. or unknown) UNKNOWN 18. CAUSE OF DEATH [Enter only one couse per line	unanown Rec	Lita FORMANT CORDS: SPRING	Fisher Address GROVE STATE HOS	PITAI.
11016	gove rise to immediate couse (a), stating the under-lying couse last.	Benign prosta	tic hypertrop		PERFORMED?
101010101010		RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II of item 18.)	YES A NO
10000	20c. TIME OF INJURY Month, Doy, Year Hour o. m. While of work	Not while foo	ACE OF INJURY (Home, farm, story, street, office bldg., etc.		ounty) (Stote)
	21. I certify that (I) (this haspital) of tenders aw the deceosed alive on Mar. 31	ed the deceosed from 1, 19961, and that d	March 28 100 leath occurred of 625	M, from the couses and an the	L, that (I) (we) lost date stated above.
	22c. PHYSICIAN'S NAME (Type) H. I. Cholmondel	1	22d. ADDRESS ST	PRING GROVE STATE	HOSPITAL
L	30. BURIAL, CREMATION, REMOVAL (Specify) Burial Apr. 4, 1961	23c. NAME OF CEMETERY O	r CREMATORY thers Cemeter	23d. LOCATION (City, town, or county) Ammendale Mary)	(Stote)
2	W. W. CHAMBERS CO., Ri	ADDRESS iverdale, Mary		By REGISTRAR 25b. REGISTRAR'S SIGN	



TO HOSPYTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, so 4 may be retained by the hospital or attending physician.

\$ > TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complex filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH

AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYINAND DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDEN	CE (Where			idence before	admission)
Baltimore	MARYLAND	a. STATE Mary	land	b. COUN	ITY		
b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	rporete limits, write	RURAL end g	ive nearest to	vn)
Fort Howard	30 Days	Balt	imore		- 3	VO.	1-4
d. NAME OF HOSPITAL OR INSTITUTION (if not in he		d. STREET ADDRESS					ESIDENCE
Veterans Administration	Hospital	2820		nton Stre			A FARM?
3. NAME OF DECEASED STEPHEN (Type or print) Served As: STEPHEN		OWN Lost	4. DATE OF DEAT			Dey Yas	61
S. SEX 16. COLOR OF RACE IZ MADDI	BROW	N DATE OF BIRTH		9. AGE (In years			24 HRS.
S. SEX Male 6. COLOR OR RACE 7. MARRI Colored WIDOW		4/11/01		lest birthday) 59 yrs.	Months Day		Min.
10a. USUAL OCCUPATION (Give kind of work 10b.	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cour	nty & Stete,	or foreign country)	12. CITIZE	N OF WHAT	COUNTRY?
done during most of working life, even if retired) Chauffeur Fu	rniture Co.	Baltimore,	Marv	land	U.S.	.A.	
13. FATHER'S NAME	111100110 000	14. MOTHER'S MAIDEN					_
Stephen Brown		Lucy W	atts				
	. SOCIAL SECURITY NO. 17. I	NFORMANT		Address			
(Yes, no, or unkown) (Ifyesgivewerordatesofservice)			D-74.			Dan 2 - 2	
Yes WW II		n.Rec. VAH,	ватто	. Ma. Ft.	Howard		-
18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY:	MASSIVE PULMONA	BY HEMOBRHAC	E.			INTERVAL BE ONSET AND Sudde	DEATH
	CINOMA LEFT LUN			TO RIGHT	THING	6 Mont	_
	CIMONN THE I TON	O MITH PHILIP	TVOTO	10 1110111		0 11011	
Conditions, if eny, which geve rise to immediate cause (b)							
(a), steting the underlying DUE TO							
ceusa last. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART 1	a) 19. WAS A	AUTOPSY DRMED?
S Collapsed Vertebra L-	I					YES	NO I
	SCRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Pert I or Par	t II of item 18.)			
	. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farr	m, 1 20f. (C	City or town)	(County	()	(State)
Hour a.m. Whi	laNot While fact	ory, straat, office bldg., atc					
		7 1 20	/2	76 1. 7	0 (7	
21. I certify that (this hospital) atte	nded the deceased from	reb. 17	19.0.1	. March 1	.y, 19.Q.	h, that ())	(we) last
saw the deceased alive on March 1	919.6.1, and that	death occured at	49M, - 11	om the causes	and on the		
22e. SIGNATURE		ATTENDING	MED.	STAFF		221	SIGNED
Homes Cre	less/ M		DIRECTOR	PHYS. X		3/2	20/61
22c. PHYSICIAN NAME (Type)		22d. ADDRESS					
THOMAS F. CRAHAN	I W D	VAH, Balt	o. Md.	. Ft. How	ard Div	vision	
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LO	CATION (City, to	wn or county)	(:	Stata)
REMOVAL (Specify) 3-23-61 Burial	Baltimore Na			Baltimore			
24 FUNERAL PRECTOR'S SIGNATURE THE 57	O Carrollton Av	25e. RE		ISTRAR 256. RE	GISTRAR'S SIC	SNATURE	
Charles G. Cooper / Ba	ltimore, Maryla	nd DATE	MAR 2	4 61	Cilling &	Times	

OVA V MUNICIPAL TO THE DESIGNATION OF THE PERSON O END OW. in a construction of the c Charletons of the Control of the Con ALERS LAMBERT OF COLUMN TO SERVER The first of the second of THE RESERVE OF THE PROPERTY OF THE PARTY OF no carvel in read of the other law war and the contract of the thrower the control of the control o

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after of seath.

S > TO PURCAL DIRECTOR: After this certificate has been signed by the attending physician and complemental signed by the following physician and complemental signed by the signed by the following physician and complemental signed by the s

	MARYLAND STATE DE	PARTMENT OF HEALTH 3, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	2703 CERTIFICAT	E OF DEATH 02683
	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decaesed lived, If Institution: Residence before edmission)
	Baltimore Maryland	o, STATE b. COUNTY Maryland
	b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	write RURAL and give nearest town) Catons ville 29 days	and Dunizh
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Baltimore d. STREET ADDRESS 6. IS RESIDENCE
1	ODD THE COLUMN	ON A FARM?
3.	SPRING CROVE STATE HOSPITAL NAME OF First Middle	1 338 South Stricker Street YES NO Day / Year
	DECEASED	OF O
-	wallace / Br	ruce 2
5.	7. MAKRIED NEVER MAKRIED	DATE OF BIRTH 9. AGE (In years of UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
	male white WIDOWED DIVORCED	Jan. 30, 1896 65 yrs.
do	usual occupation (Give kind of work 10b. KIND OF BUSINESS OF INDUSTRIES of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Laborer For Self	Maryland, Balto U.S. A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	form M. Bruce	Louise C. Schranger
	WAS BECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. s, no, or unknown) (Ifyasgivewarordatasofservice)	INFORMANT Address
		Records: SPRING GROVE STATE HOSPITAL
	18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c).]	INTERVAL BETWEEN
Н	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Heart failure ONSET AND DEATH
	DUE TO	
	A. Financia Ti	Cardis Vastalar Ossens
	gave rise to immadiate cause	
	(a), stating the underlying DUE TO	
	cause last. (c)	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
V.	function of more	YES NO IT
RTIF	OR CONTRIBUTING [7] CAUSE OF DEATH	D. (Enter nature of injury in Part I or Part II of item 1B.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) tory, street, office bldg., etc.)
WED	Hour a.m. While Not While at work at work	
	21. I certify that (I) (this hospital) attended the deceased from	Feb. 8 , 19.61, to Marsh 10, 19.61, that (I) (we) last
	Margil in lat	t death occured at
	22a. SIONATURE	22b. DATE
	Brew Valauston	ALD PHYS. DIRECTOR PHYS. 3/16/196/ SIGNED
	22c. PHYSICIAN'S CO DUALE QUIL MULLISHER	22d ADDRESS
	NAME (Type) BRUNG KADAUSKAS	DIRECTOR OF STREET HOSPITAL
22	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, townfor county) // (State)
238	REMOVAL (Specify)	3801 Particip - 0.0
	pureal s/19/6 Loudon pa	LA LOS DECIDENT OF PROCESSADILIST STORY OF STORY
24	TUNERAL DIRECTOR'S SIGNATURE ADDRESS	MAR 1 3 '61 arthur S. Traces
7	The Courses of the	DATE WINDS

JUN 236 Later Saller (I) John m. House Louis C Schramm Congrature Heart Andrew Antimoselliste Condispiration Decem gerunde of endusor stolegy sold of the Land Police to the constant

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CEDTIEICATE OF DEATH

efore admission)

		2104	CERTIFICA	TIE OF DEATH	112684
1)[ALACE OF DEATH OCCUPITY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside o. STATE Maryland b. COUNTY Ba	ence before admission)
	ь	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	of the	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
	C	NAME OF HOSPITAL (IIF not in hospital) give street oddress or Institution 4601 Kenwood Ave.)	d. STREET ADDRESS 4601 Kenwood Avenue	e. IS RESIDENCE ON A FARM? YES NO
-		NAME OF First DECEASED Margaret Type or print)	Middle	Brueckner 4. DATE OF DEATH Month 3	2 Yeor 2 19 61
		Female 6. COLOR OR RACE 7. MARRIED WIDOWED 3	DIVORCED 📋	3-1-1890 lost birthdoy) Months	R 1 YEAR IF UNDER 24 HRS Days Hours Min.
	10a.	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HO1	of Business or Indu sewife	JSTRY 11. BIRTHPLACE (Stote or foreign country) Balto. Md.	U.S.A.
1	13. 1	FATHER'S NAME Charles Zabel		14. MOTHER'S MAIDEN NAME Margaret Schwartz	
		WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service) NO		NFORMANT Address Casper J. Brueckner 4713 Ridg	eway Ave. 6
	7	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.	eralized		
	CERTIFICATION			T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	PERFORMED? YES NO
		20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IOW INJURY OCCURRE	ED. (Enter noture of injury in Port I or Port II of item 18.)	
	MEDICAL		OCCURRED 20e. PL fo twork fo	LACE OF INJURY (Home, farm, cotory, street, office bldg., etc.)	(County) (Stote
		21. I certify that (I) (this hospital) attended the saw the deceased alive an 2-13	1	8-1, 1960, to $3-2$, 19 death accurred at 100 M, from the causes and an th	(e_1, that (I) (we) land the date stated above
		may R. Englis	ih	M.D. ATTENDING MED. STAFF PHYS.	22b. DATE SIGNE 3-3-6
		22c. PHYSICIAN'S NAME (Type) Max R. End	glish Mi	D. 22d. ADDRESS 5713 Belair R	d. Barto,6
Q	23a.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. REMOVAL (Specify) Burial 3-6-1967	Parkwood		(Stote) Md.
h	24. 1	FUNERAL DIRECTOR'S SIGNATURE	DI Bland	250. REC'D BY REGISTRAR 25b. REGISTRAR'S S DATEMAR 6 '61 ONLINE S	

VR A15 (4) 15M 9/59

may be ined by the haspital or attending physician.

TO FUNE DIRECTOR: After this certificate has been signed by the attending physician and campletely fire page 3 and be detached for use as the burial-transit permit. Then please remove carbon papers.

VS A15 (4) 15M 9/55

s after death. Page 4 by the funeral director,

ADDRESS

1217 St. Paul Street

Baltimore,

24b. REGISTRAR'S SIGNATURE

arthur S. France

24g. REC'D BY REGISTRAR

DATE PR 4

5. SEX

CERTIFICATION

MEDI

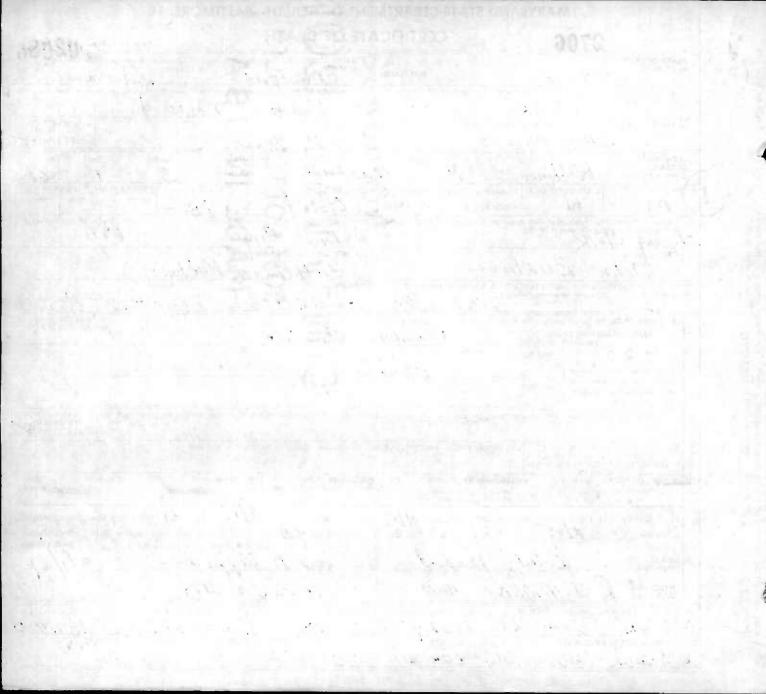
Burial 23. FUNERAL DIRECTOR'S SIGNATURE

William Cook, Inc.

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			2175 74-	
	promittee			
	American Landson	44.0	ACCORD FIRE	
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en de la companya de		graffilo e soltar 2 gala naptros	, ,	
		ISLY DE TRUE DE		

CERTIFICATE OF DEATH 2706 Reg. Dist. No. with directar, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission a. COUNTY a. STATE filed b. COUNTY ALTIMORE MARYLAND LTIMORE funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR JOWN (# autside carporote limits, write RURAL/and give nearest town) pe RURAL and give nearest tawn) should W50 0 IOWSON d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? MARIS YES NO P 4. DATE NAME OF Middle Lost Month Day Year DECEASED BURLAGE filled DEATH Pages Type or print) 196 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTHY completely last birthday) Months Days DIVORCED [WIDOWED [papers. yrs. 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) death during most of working life, even if retired) pup PHIDDING pon after 13. FATHER'S NAME physici move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMAN' ottending ease 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL SETWEEN ONSET AND DEATH d PART I. DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (a) DUE TO permit. Canditians, if ony, which signed gave rise to immediate DUE TO cause (a), stating the underphysicion. lying cause last burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? remaya has YES NO 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) certificate OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 00 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or tawn) Doy, Year (County) (State) factory, street, affice bldg., etc.) Hour o. m While Not while ot work ot work 1961, that I last saw the deceased 21. I certify that I attended the deceased fram that death accurred at A.M. fram the causes and an the date stated above. ned by the DIRECTOR: alive ar ADDRESS (Street, city ar tawn, state) ACTUAL SIGNATURE P auld PHYSICIAN'S NAME (Type) FUNE 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY (State) page REMOVAL (Specify) RIAL 10 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) TOWSON 1SM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. DATE OF DEATH 1. NAME OF DECEASED (Type or Print) Daisy Burns 3-7-67 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE þ a. COUNTY Ulemou 13 4/ 1m016 == FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Maryland Pages aft. ADDRESS OR LOCATION ed c. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Summit Nursing Home Baltimore Smithwood Avenue D. STREET ADDRESS (If rural, give location) comple 3102 Mayfair Road within 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years last birthdoy) S. SEX 8. DATE OF BIRTH If Under 24 House If Under 1 Year WIDOWED, DIVORCED (Specify) and Female Months Days White Hours Min Widowed Aug.18.1882 10.A USUAL OCCUPATION (Give kind of work done during most of working life, even 10s. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? physician гетоме if retired)
Homemaker U.S.A. Baltimore, Md. 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME attending ? Scott Unknown Then 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dates of service) ending physician. been signed by the none Mr. Wm. T. Burns -31 02 Mayfair Road permit. INTERVAL BETWEEN 18. CAUSE OF DEATH 50 ONSET AND DEATH burial-transit DISEASE OR CONDITION DIRECTLY LEADING TO DEATH aftending (This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease injury ar complication which coused deoth. OR ATTENDING PHYSICIAN: It may be retained by the hospital or atty DIRECTOR: After this certificate has a should be detached for use as the but **ANTECEDENT CAUSES** DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 21b. TIME (Manth) (Day) (Year) OF INJURY jo (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE [WHILE AT I WORK AT WORK Partify that (I) (this hospital) attended the deceased from. ____, that (I) (we) last saw the deceased alive on____ ond that in (my) (our) opinion death occurred at with th _m., from the couses and on the date stated above. 23A. SIGNATUM **ADDRESS** 23c. DATE SIGNED director, be filed ATTENDING PHYS. AMED. DIRECTOR PHYS [24a. BURIAL, CREMATION, REMOVAL (Specify) 24s. DATE 24c. NAME OF CEMETERY OR CREMATORY 24p. LOCATION (City, tawn, or county) (State) 0 Burial 3-21-61 Moreland Memorial Park Baltimore. Maryland

ZSB. NAME OF REGISTRAR

25c. FUNERAL DIRECTOR

ADDRESS

VR A15 (4)

15M 9/60

25A. DATE REC'D BY HEALTH DEPT.

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STATES AND ASSESSED FOR STATES OF THE STATES

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH crematian, is necessary, please exector. Page 4 shauld be Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) imonium imonium d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 69 Limonium Road imonium Koga YES | NO | XX delay NAME OF DATE OF DEATH First Middle DECEASED regist 2 (Type or print) ohn e0200 henoweth March 19 61 for retained far 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Months Days Hours WIDOWED | 3 to 1 ma 10g. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if ratired) puo o. Marulana Broker ·Jto imore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pages 5 r lanu. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give henoweth same 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Idd of p **DUE TO** Conditions, if any, which pencil gave rise to immediate cause burial DUE TO (o), stoting the underlying couse lost. pending" in iner's Office O PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(p) 19, WAS AUTOPSY 03 PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) 20f. (City or lown) (State) writing the with hief Medical E factory, street, office bldg., etc.) While Not while of work of work p. m. 2). I certify that I took charge of the remains described above, held on Autopsy Inspection | Inquiry . to the Chief I death resulted from: Natural causes [1] Accident . Suicide Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATUR ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) Forw 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 161 emeteru Burial ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Curling S. France 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours after death. Page 4 by the funeral director, and 2 shauld be filed with may be sained by the haspital ar attending physicion. DEUN. DIRECTOR: After this certificate has been signed by the ottending physician and completely fille page 3 should be detached far use as the buriol-transit permit. Then please remave carbon papers. Pages 1 the State Board of Health prior to burial, cremotian, ar removal, and in any event, within 72 hours after death. TO FUN

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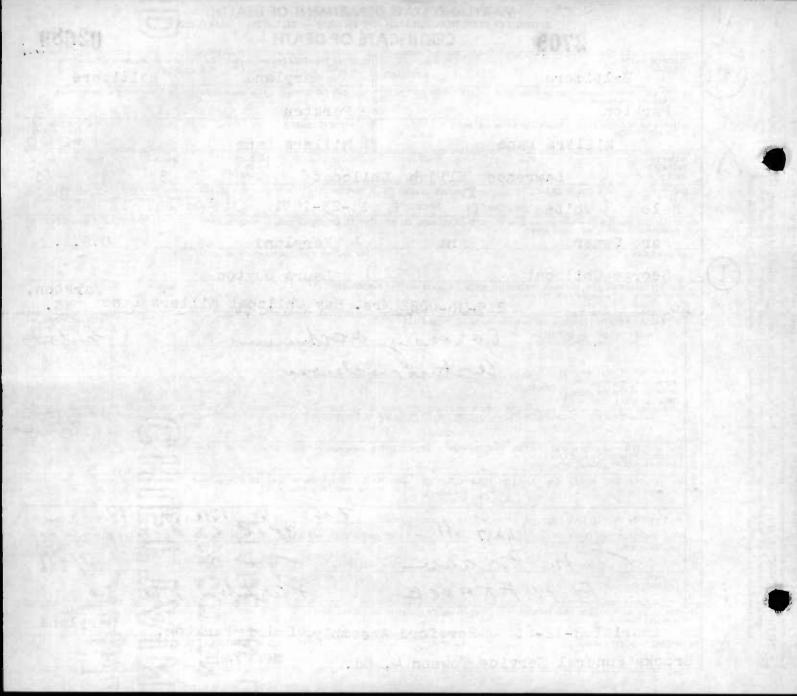
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

2709

CERTIFICATE OF DEATH

02689

1. PLACE OF DEATH o. COUNTY Ba	ltimore		MARYLA		d. STATE Mary		B lived. If institution b. COUNTY	on: Reside Balt			on)
b. CITY OR TOWN (RURAL and give n Parkto		s, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (III Parkton	f outside corpor	rote limits, write R	URAL ond	give nea	rest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, gi		address)		d. STREET ADDRESS	Lane	(- Vi)				DENCE FARM? NO
3. NAME OF	Firs		141.11	11 9		4. DATE		d.			
(Type or print)	Lawre	ence	Middle Elijah		lcoat	OF DEATH	Man 3		8	1	961_
S. SEX			ED NEVER MARRIED		ATE OF BIRTH		9. AGE (In years last birthdoy)	Months	Days Days	Hours	R 24 HRS. Min.
Male	11112200	WIDOWE			1-23-189:		69 yrs.				
100. USUAL OCCUPATION of war Farm O 13. FATHER'S NAME	king life, even if retired)	one 10b. I	Farm	E.	Maryla Maryla Mother's Maiden	and	ountry)	12.CI1		S.A	• OUNTRY?
George	Chilcoat				Laura	Guyto	n				
1S. WAS DECEASED EVE	R IN U. S. ARMED FORCE		SOCIAL SECURITY NO.	17. INFOR		- day vo		ress /	P	arkt	on.
(Yes, no, or unknown)	(If yes, give war or dates of se		9-36-0022	Mrs	. May Chi	1,coat	Miller	s La	ne	MC RVAL BE	1.
Conditions, if a gave rise to couse (o), stating lying cause tost.	the under- CC (c)		erteris-	+ 6 ×	clus	ion			7	et and	of al
САТІС			ONTRIBUTING TO DEATH					PEN IN PA	KI I(d) I	PERFO YES	RMED?
OR CONTRIBUTING	MEDICAL EXAMINER)										
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Yea 19	While of work	_ Not while _		OF INJURY (Home, fo , street, office bldg., e		or town)		(County)		(Stote)
21. I certify the		attend Aug.	ed the deceased fr		h accurred at 34	1960, to 1	the causes ar	, 19_! nd an th			abave.
22a. SIGNATURE	7.m.	7-2	ance.	M.D.	ATTENDING PHYS.	MED.	STAFF PHYS.			3/9	DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	A.M.	FA	PANCE		22d. ADDRESS	irht	on h	rd			
23a. BURIAL, CREMATIC REMOVAL (Specify Buri	3 0 10 1	f 1	23c. NAME OF CEMETE		. 0		rion (city, town, Parkton	or caunty)		ryla	
24. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		2Sa. RE	MAR 1 3	RAR 2Sb. REGI			RE	
DIOUKS I	uneral Ser	AIC	e Towson 4	L. MC	DAIE	Date of f	01 (1	-12	0		



CERTIFICATE OF DEATH Reg. Dist. No. Ē 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, write . LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) RURAL and give nearest town) d. NAME OF HOSPITAY (If not in hospital, OR INSTITUTION give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO NAME OF DATE Middle Year DECEASED (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Days WIDOWED | DIVORCED [7] during nost of prorking life, even if refired) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME ofter 14. MOTHER'S MAIDEN NAME physician WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 72 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH (ARCINOMATOSIS PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) ROSTATIC DUE TO Canditians, if any, which gove rise to immediate DUE TO couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES T NO CERTIFI 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. Doy. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 21. I certify that I oftended the deceased from NOVEMBER 1960, to MARCH . 1961, that I lost sow the deceased and that death occurred of 100 A.M. from the couses and on the date stated above. alive on MAR DATE SIGNED ACTUAL pla BALTIMORE, MD. PHYSICIAN'S NAME (Type) CARLTON L. SEXTON 220. BURIAL CREMATION 22b. DATE THEREOF 22E. NAME OF CEMETERY OF CREMATORY 22d. LOCADON (City, town, or county)? (Stote) poge REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR VS A15 (4) DATE MAR 2 0 '61 Orihun S. Traus 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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			Matura E. Y. Bigging

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 0.2504
1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Baltimore County MARYLAND MARYLAND COUNTY Harland b. COUNTY
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Mt. Wilson, Maryland C. LENGTH OF STAY IN 1b C. CITY OR JOWN (If outside carporate limits, write RURAL and give nearest town) Whiteford
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Mt. Wilson State Hospital ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) TAMES Ruiddle COMBS 4. DATE OF DEATH 3 7 1961
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) WIDOWED DIVORCED 9. 2. 1894 9. AGE (In years lost birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired) August 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) August 12. CITIZEN OF WHAT COUNTRY?
GEORGE HARVEY EDITH SCARBER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service) (Yes, no. or unknown) (If yes, give war or dates of service) (Hospital Records, Mt. Wilson State Hospital
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) For advanced bilateral contact ONSET AND DEATH
602 x our human tuber als to 12 yrs
Canditians, if any, which gave rise to immediate cause (a), stating the under-
lying cause last.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Tuber culous berian to be careful to the terminal disease condition given in Part 1(a) 19. Was autopsy performed? 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING COLUMN CONTRIBUTING COUNTRIBUTING COUNTRIBUTION C
20c. TIME OF INJURY Manth, Day, Year Hour a. m. While Not while at wark at war
21. I certify that (I) (this haspital) attended the deceased fram. 3.2. 1961, ta 3.7., 1961, that (I) (we) last
saw the deceased alive an
M.D. ATTENDING MED. STAFF PHYS. 3.7.196/
Wm. Newcomer, M.D., Superintendent Mt. Wilson State Hospital, Mt. wilson, Md
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY PLESVILLE, M.D. (State)
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2Sa. REC'D BY REGISTRAR'S SIGNATURE
JAHN. H. HARKINS, DELTA, A. MAR 10'61 Cuther & thomas

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MARYLAND STATE DEPARTMENT OF HEALTH

AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12693 **DIVISION OF STATISTICAL RESEARCH** 2713 CERTIFICATE OF DEATH

100	PLACE OF DEATH e. COUNTY		F 33 W 15 W 1	CTATE		b. COUN	TV .	sidence before e	V
	Baltimore	M	ARYLAND	e. STATE Mar	ry land	b. COUN	33	v=opa	-4
1	b. CITY OR TOWN (if outside corporete limi	ts, c. LENGTH O	F STAY IN 16	c. CITY OR TOWN	(If outside corpor	rete limits, write	RURAL end	give neerest tow	n)
	Catons ville	3yr5mt]	15dys		Ltim ore				
4	d. NAME OF HOSPITAL OR INSTITUTION	f not in hospitel, give street	eddress)	d. STREET ADDRES					SIDENCE A FARM?
	SPRING GROVE STATE	HOSPITAL		Eutaw pla		Lavale	St.	YES	
	NAME OF First DECEASED	Mide	dle	Last	4. DATE OF	Month		Dey Yeer	
	(Type or print) Geo	an Sulfamora Co.		Conner	DEATH	-	rch 19		61
5.	SEX 6. COLOR OR RACE	7. MARRIED NEVER MA	ARRIED B.	DATE OF BIRTH	9.	AGE (In yeers last birthday)			
	female white	WIDOWED DIVE	ORCED 0	ct. 6, 1889		71 yrs.	Months De		Min.
do	e. USUAL OCCUPATION (Give kind of working during most of working life, even if retire	d) 106, KIND OF BUSINES	S OR INDUSTRY	11. BIRTHPLACE (Co	unty & Stete, or fo	oreign country)		EN OF WHAT C	OUNIKI
	waitress			Texas			U.	S. A.	
13.	FATHER'S NAME			14. MOTHER'S MAIDE	NAME	U lett	THE PARTY		
C	harles Florian		Section 1	Georgia	a Sterlin	ng			
15.	WAS DECEASED EVER IN U.S. ARMED FOR		ITY NO. 17. IN			Address			
	es, no, or unkown) (Ifyesgivewerordetesofs	le 61 - 26-	1.227 D	ecords ;	SPRING (GROVE	STATE	HO PIT	T
	UNKNOWN 18. CAUSE OF DEATH (Enter only one			ccorus	DITTING (SILO AL	DIAID	INTERVAL BET	
	PART I. DEATH WAS CAUSED BY:							ONSET AND	HTAS
	IMMEDIATE CAUSE (e)	Cardiac	failure						
	DUE TO								
	Conditions, if eny, which (b)	Arterio	sclerosi	S					
	geve rise to immediate cause (e), stating the underlying								
	ceuse lest. (c)								
z	PART II. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO	DEATH BUT NOT	RELATED TO THE TERM	MINAL DISEASE C	ONDITION GIV	EN IN PART 1	(e) 19. WAS A	UTOPSY
CERTIFICATION		abs of							RMED?
5	20e. ACCIDENT WAS UNDERLYING	ODE SI	M	(Enter nature of injury i	Death Death	of item 18.1		1	TAI
E	OR CONTRIBUTING CAUSE OF DEATH	200. DESCRIBE HOW IN	OKI OCCORED.						
2	(IF EITHER, NOTIFY MEDICAL EXAMINER)				in ren or ren II				
	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Ye	er 20d, INJURY OCCUR		E OF INJURY (Home, fe	erm, ; 20f. (City	or town)	(Count	у)	(Stete)
	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Ye Hour e.m.	WhileNot While	factor		erm, ; 20f. (City	or town)	(Count	у)	(Stete)
	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Ye Hour e.m. p.m. 19	While Not While et work	factor	E OF INJURY (Home, fe ry, street, office bldg., e	erm, 20f. (City				
	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Ye Hour e.m. p.m. 19 21. certify that () (this hospi	While Not While et work et work	factor eased from	CE OF INJURY (Home, ferry, street, office bldg., e	erm, 20f. (City etc.)	Mach 1	9, 19.6	1, that (1) (we) las
MEDICAL CER	20c. TIME OF INJURY Month, Dey, Ye Hour e.m. 19 21. I certify that (I) (this hospi saw the deceased elive on	While Not While et work et work	factor eased from	CE OF INJURY (Home, ferry, street, office bldg., e	erm, 20f. (City etc.)	Mach 1	9, 19.6	l, that (I) (e dete state	we) las
	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Ye Hour e.m. p.m. 19 21. certify that () (this hospi	While Not While et work et work	eased from	OCt	erm, 20f. (City etc.)	Mach 1	9, 19.6	l, that (I) (e dete state	we) las
	20c. TIME OF INJURY Month, Dey, Ye Hour e.m. 19 21. I certify that (I) (this hospi saw the deceased elive on	While Not While et work et work	factor eased from	OCt	20f. (City tetc.) 20f. (City 20f.)	March 1 the causes	9, 19.6	1, that (I) (e dete state 22b61	we) las
	20c. TIME OF INJURY Month, Dey, Ye Hour e.m. 19 21. I certify that (I) (this hospi saw the deceased elive on	While Not While et work et work	eased from 1, and that	OCt. ATTENDING PHYS.	20f. (City stc.) 20f. (City stc.) 20 20 20 20 20 20 20 2	March 1 the causes STAFF PHYS. [X] GROVE	9, 19.6. and on the STATE	l, that (I) (e dete stated61 HOSPI	we) las
	20c. TIME OF INJURY Month, Dey, Ye Hour e.m., p.m. 19 21. I certify that (I) (this hospi saw the deceased elive on	While of work of while of work tall) attended the declarch 19 19 6	reased from	OCt	, 19.57, to 20. M. from MED. DIRECTOR SPRING Catonsv	March 1 the causes STAFF PHYS. PA GROVE ille 28	9, 19.6. and on the	L, that (I) (e dete state: 22b61 HOSPI	we) las
	20c. TIME OF INJURY Month, Dey, Ye Hour e.m. 19 21. I certify that (I) (this hospi saw the deceased elive on	While of work of while of work tall) attended the declarch 19 19 6	eased from 1, and that	OCt	, 19.57, to 20. M. from MED. DIRECTOR SPRING Catonsv	March 1 the causes STAFF PHYS. [X] GROVE	9, 19.6. and on the	L, that (I) (e dete state: 22b61 HOSPI	we) last ebove of the signer
MEDICAL	20c. TIME OF INJURY Month, Dey, Ye Hour e.m. p.m. 21. I certify that (I) (this hospi saw the deceased elive on	While of work Not While of work at work at work 19	eased from 1, and that D. OF CEMETERY O	OCt	orm, 20f. (City etc.) 20f. (City etc.) 20 m. M, from DIRECTOR DIRECTOR Catonsv	March 1 the causes STAFF PA GROVE ille 28 TION (City, 10	9, 19.6. and on the STATE , Mary	L, that (I) (e dete state) 61 HOSPI Land (S	we) last ebove . DATE SIGNED
MEDICAL MEDICAL	20c. TIME OF INJURY Month, Dey, Ye Hour e.m., p.m. 19 21. I certify that (I) (this hospi saw the deceased elive on	While of work of while of work tall) attended the declarch 19 19 6	eased from 1, and that D. OF CEMETERY O	OCt	, 19.57, to 20. M. from MED. DIRECTOR SPRING Catonsv	March 1 the causes STAFF PHYS. PA GROVE ille 28 TION (City, to-	9, 19.6. and on the	L, that (I) (e dete state: 22b61 HOSPI Land (S	we) last ebove . DATE SIGNED

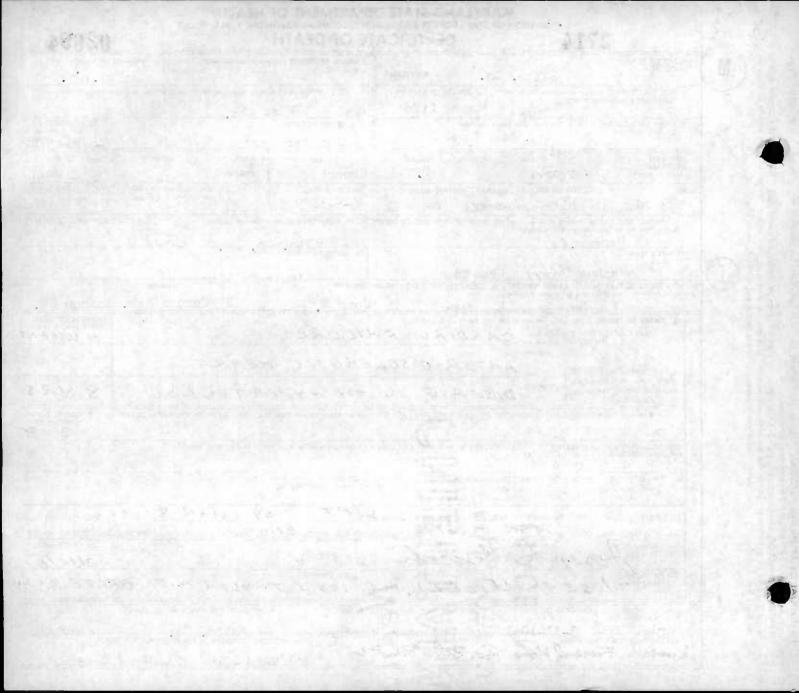
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be fined by the hospital or attending physician.

D FUNER. DIRECTOR: After this certificate has been signed by the attending physician and campletely filled if the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in ony event, within 72 hours after death. TO HOSPITAL

N TO FUNER VR A1S (4) 1SM 9/S9

		3714	Itam	CERIII	ICAII	OF DI	AIH				Us	:69	4
	PLACE OF DEATH	Balt	o. Co	. MARY	LAND	o. STATE		ere deceased	l lived. If institution b. COUNTY	D .		e admissi	on}
	b. CITY OR TOWN (If RURAL ond give ne			c. LENGTH OF STAY		c. CITY OR T	OWN (If o	25.	rote limits, write R	URAL and	give nea	rest town)
	d. NAME OF HOSPITA	Cha AL (If not in hospital, g Ebe		ddress)		d. STREET A						e. IS RESI ON A YES	DENCE FARM? NO
	NAME OF DECEASED (Type or print)	Margaret.	st	Middle P.		Loss Crouch		4. DATE OF DEATH	Mon	th	Do 8		rear 19 61
S.	Femal e	6. COLOR OR RACE White	7. MARRI	ED NEVER MARRI		6-5-18			9. AGE (In years lost birthdoy) 9] yrs.	Months Months	Doys Doys	Hours Hours	R 24 HRS. Min.
10c	during mast af work	ON (Give kind of work ing life, even if retired	done 10b. 1	(IND OF BUSINESS C					ountry)	12.CIT	S A	WHATC	OUNTRY?
13.	FATHER'S NAME	shua ///o/u/s	Le	ague		14. MOTHER'S		e Roll	ina				
		R IN U. S. ARMED FOR If yes, give war or dates of s		None		ohn W.	Cron	2	7 Ceader		Tov	vson	Ms.
		mmediate (CA	ROIAC TERIO.	SCLE		/c /		R T EN 5101	iv	ONS		
FICATION	91	IER SIGNIFICANT CON								VEN IN PAI	RT 1(o) 1	9. WAS PERFO	AUTOPSY RMED? NO
AL CERTII	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR	CAUSE OF DEATH MEDICAL EXAMINER)		RIBE HOW INJURY C		E OF INJURY (I					(County)		(Stote)
MEDICAL	Hour o.m. p.m.	19	While of work	Not while of work	foctor	ry, street, office	bldg., etc.	.)					
	21. I certify that saw the deceas 22a. SIGNATURE 22c. PHYSIC/AN'S NAME (Type).	t (1) (this haspita ed alive an Minus les epulation of the last of	2	ed the deceased 1961, and 1961	that dec	ATTENDING PHYS.	and P	M, fram	the causes ar	nd an th	e date	stated	abave, b. DATE SIGNED
230	BURIAL, CREMATIO REMOVAL (Specify))F	23c. NAME OF CEM	ETERY OR	CREMATORY			TION (City, tawn,	ar county)		(Stot	e)
24.	FUNERAL DIRECTOR	s SIGNATURE HO	761 Ne. 74	ADDRESS T	er Cer	netery .		D BY REGIST		STRAR'S SI	IGNATU		Land



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VR A15 (4) 15M 9/59

Howard

		MITO	CERTITIOA	IL OI BEATH		Un	000
	PLACE OF DEATH	Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Md .	ere deceased lived. If institution b. COUNTY	n: Residence before Baltin	
)	RURAL ond give ne	foutside corporate limits, write crest town) Ltimore	c. LENGTH OF STAY IN 1b	Baltimor	utside corporate limits, write RU Ce	RAL and give ne	earest town)
	OR INICTITUTION	AL (If not in hospital, give street 1521 Barrett		d. STREET ADDRESS 1521 Barr	rett Rd. #7		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	Anthony	Middle J. Cu	lotta	4. DATE Month OF DEATH Marc		19 61
	male	6. COLOR OR RACE 7. MAR WIDOW		8. DATE OF BIRTH Jan. 1, 189	last histhday)	Months Days	R IF UNDER 24 HRS. Hours Min.
	usual occupation during most of work guard	ing life, even if retired)	. KIND OF BUSINESS OR INDUS		or foreign country)	12. CITIZEN O	S. A.
13.	Philip (Gugliotta		Josephir			
(Ye	WAS DECEASED EVER		. SOCIAL SECURITY NO. 17. IN 215 32 8185 1	FORMANT (daug	ghter) Addre ne Bumba 924		dge Ave.
		DUE TO ny, which (b)	Acute myocardia Coronary artery				TERVAL BETWEEN
TIFICATION			CONTRIBUTING TO DEATH BUT			IN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CER	(IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour a.m. p. m.	MEDICAL EXAMINER) Y Manth, Day, Yeor 20d. While	La.	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.		(County) (Stote)
	21. I certify that saw the decease 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	t (1) (this hospital) atten	ded the deceased from a 19 61, and that of	M.D. ATTENDING ME PHYS. A DIE	MA from the causes and	d an the date	
	BURIAL, CREMATION BURIAL (Specify)	3/6/61			23d. LOCATION (City, town, or y Baltimore,	Maryl	
	FUNERAL DIRECTOR'S	THE PARTY OF THE P	ADDRESS	266		TRAR'S SIGNATU	

H. Hubbard 4107 Wilkens Avenue

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Sellinge.				
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	1 21 Sample Act. 17 1	. `	19-5	
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Maniage No.	and american, o	- 1. J		en
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death. The Amay be retained by the hospital or attending physician. OFULTAR DIRECTOR: After this certificate has been signed by the attending physician and completed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. within 24 hours after OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed TO HOSPITAL A death. (4) A director, be filed

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH CERTIFICATE OF DEATH 2710

	61 m 6 28 4 4 4 4 1 / 61 m/s
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
e. COUNTY Baltimore	Maryland b. COUNTY Baltimore
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY)	
write RURAL end give neerest town)	C, CITY OR TO WIT (II delates corporate minits, while Roke and give most on how)
Catonsville 22yrlOmthl	Odys Luther ville, Mary land
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	s) d. STREET ADDRESS e. IS RESIDENCE
SPRING GROVE STATE HOSPITAL	Seminary Avenue
3. NAME OF First Middle	Last 4. DATE Month Dey Yeer
(Type or print) (Betty) ELIZABETH	A. Dedal OF DEATH March 21 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
female white WIDOWED DIVORCED	March 25, 1920 10 Al yrs. Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR IN	NDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
done during most of working lile, even il retired) NONE	- Mayland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Dedal	Florence Scott
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	. 17. INFORMANT Address
(Yes, no, or unkown) (Illyesgivewerordetesofservice) no none	Records: SPRING GROVE STATE HOSPITAL
1B. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]	
PART I. DEATH WAS CAUSED BY: Conges tive he	eart failure
nr25	700 4 000 000 000
DUE TO Status commit	lairna
Conditions, if eny, which \ (b) Status convul	121/02
geve rise to immediate cause DUE TO	
ceuse lest. Idiopathic ex	oilensv
	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
O PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATTH	PERFORMED?
× ·	YES X NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH I 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF OR CONTRIBUTING CAUSE OF DEATH I (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURED. (Enter neture of injury in Pert I or Pert II of Item 18.)
	O BLACE OF INJURY III for a 200 (Charles)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20 While Not While	(Stete) (Stete) (Oe. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County)
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 21 Hour e.m. While Not While et work 19 et work	
	July 1 10 56 to March 27 10 67 that (1) (wa) lace
21. I certify that (i) (this hospital) allended the deceased	from July 1 6:3056 to March 21, 19.61 that (I) (we) las
saw the deceased alive on March 21 19 O.L., and	d that death occured at
220. SIGNATURE STULL HULLIFLY	ATTENDING MED. STAFF SIGNED SIGNED SIGNED
PHYSICIAN'S NAME (Type) Stella Wachsler, M. D.	22d. ADDRESS SPRING GROVE STATE HOPITAL Catonsville 28. Md.
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEM	AETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	aptist Cemetery Lutherville, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
John Burns' Sons, Towson, Maryland	DATE MAR 27'61 arily S. Kraus
,	

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Buiel er. 2/,1961 teter's Baptist Certary Indarrille, srlend John Burns' Sons, Towson, Laryland

FOR STATE HEALTH DEPT.

A

r is necessory, please ral director. Page of for your files.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay executes certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the fact 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be reported FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the 5th or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 flours after deat

VS. A15ME BM 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2717 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rog. Dist. No. 2697

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Baltimore MARYLAND	o. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN (If outside corporate limits, write BURAL and give neares) fower town town town town town town town town	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SSEX #21
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address)	d. STREET ADDRESS e. IS RESIDENCE
405 Worton Road	405 Worton Road VES NO W
3. NAME OF DECEASED (Type or print) DANIEL JOSEPH DELEA SR.	Losi 4. DATE Month Doy Year OF DEATH March 11, 1967
5. SEX 6. COLOR OR RACE 7. MARRIED KNEVER MARRIED	8. DATE OF BIRTH 9. AGE III yours IFUNDER TYEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	May 30, 1892 (68 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY
during most of working life, even it retired) raffic Vrg. Retired	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Delea	Ann McHale
	INFORMANT Address
(If yes, give war or dates of service) 212-03-1711	Delores Warnecker 321 A Savannah Ave, #21
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED YES NO
1-1	(Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PU While Not while of work of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
21. 1 certify that I taak charge of the remains described about	ave, held an Autapsy . Inspection . Inquiry . and in my
opinion death resulted from: Natural causes . Accident	M.D. CHIEF MEDICAL EXAMINER D DATE SIGNED
EXAMINER'S NAME (Type) M. B. Davis. MD.	ASSISTANT MEDICAL EXAMINER D
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or county) (State)
Burial 3/14/61 Oak Jawn Cen	metery Baltimore Co., Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS.	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
James E. Bruzdzinska 1407 Eastern Ave.	DATEAR 1 4 '61 Chilms & Kraug

funeral within 24 hours after Pages 1 an TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 death.

S death.

The death of the death of the hospital or attending physician.

S TO FUNCARL DIRECTOR: After this certificate has been signed by the attending physician and complete filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 be filled with the State Dept. of Health prior to burial, cremation, or removal, applying event, within 72 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2718 CERTIFICATE OF DEATH 02698

PLACE OF DEATH COUNTY					isidence betore edmission)
Baltimore	MARYLAND	•. STATE	vland	. COUNTY Ann	e Arundel V
b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corporata lim	ils, write RURAL and	giva nearest town)
Catonsville	16 days	Odenton.	Mary land		0-1 X-
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho		d. STREET ADDRESS			. IS RESIDENCE
SPRING GROVE STATE HOS	PITAL	Box 184			YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE	Month	Day Year
(Type or print) Lester	Lee	Disney	OF DEATH	March	16 19 61
5. SEX 6. COLOR OR RACE 7. MARRI		. DATE OF BIRTH	9. AGE (n yeers IF UNDER 1)	
3 3 5 1 34/10/034/		O 77 7	000		ays Hours Min.
1112110	CIND OF BUSINESS OR INDUSTR	Sept. 11, 11, BIRTHPLACE (Cour		yrs. 132 CITIZ	ZEN OF WHAT COUNTRY
done during most of working life, even if retired)					
maintenance man (ret)	P. R. R.	Maryla		U.	S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Andrew J. Disney		Harrie	tt Redmiles	3	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unkown) (Ifyes give wer or detes of service)	SOCIAL SECURITY NO. 17. 1	NFORMANT		Address	
unknown	Unknown R	ecords: SPR	ING GROVE	STATE H	OSPITAL
1B. CAUSE OF DEATH (Enter only one ceuse per	line for (e), (b), end (c).]				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*)	teriosclerotic	cardiovascu	lar disease		ONSET AND DEATH
410.					
DUE TO	tamagalanagie	conemolica	d and same	70	
Conditions, if eny, which (b) AI	teriosclerosis	, Renerative	u and seve.	re	
(e), steting the underlying DUE TO					
ceuse lest. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CO.	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDIT	ON GIVEN IN PART	PERFORMED?
Nephrosc	lerosis				YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CO. Nephrosc OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Part I or Part II of item	18.)	
20c. TIME OF INJURY Month, Dey, Yeer 20d.		CE OF INJURY (Home, fare		i) (Coun	ty) (State)
20c. TIME OF INJURY Month, Dey, Yeer 20d. Hour e.m. While the work was a second with the work was a se		ory, street, offica bldg., ato	:-)		
	0	Manah II.	1 67 M	nch 16 006	1
21. I certify that (I) (this hospital) atter	ided the deceased from	2	0 < 1 1		that (I) (we) las
saw the deceased alive onMarch	.O199.4, and that	death occured al	a.M, from the d	auses and on th	
220. SIGNATURE	eliles m		MED. STAL		6-61 SIGNED
22c. PHYSICIAN'S NAME (Type) Stella Wachs]	Ler, M. D.		PRING GROV	4.0	HOSPITAL
23e. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION	City, town or county	
REMOVAL (Spacify) Burial 0 18th March 61	Friendship	Compterv	Anne Ori	indel Co.	. Md.
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		C'D BY REGISTRAR		
A Santito		M	AR 2 0 '61	Cirling S.	
	Glen Burnie	Md. DATE			

* (M) PIE ... Describe ... Electronic ... Electronic ... Electronic ... Electronic ... Electronic ... Electronic ...

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

4 may be retained by the hospital or attending physician.

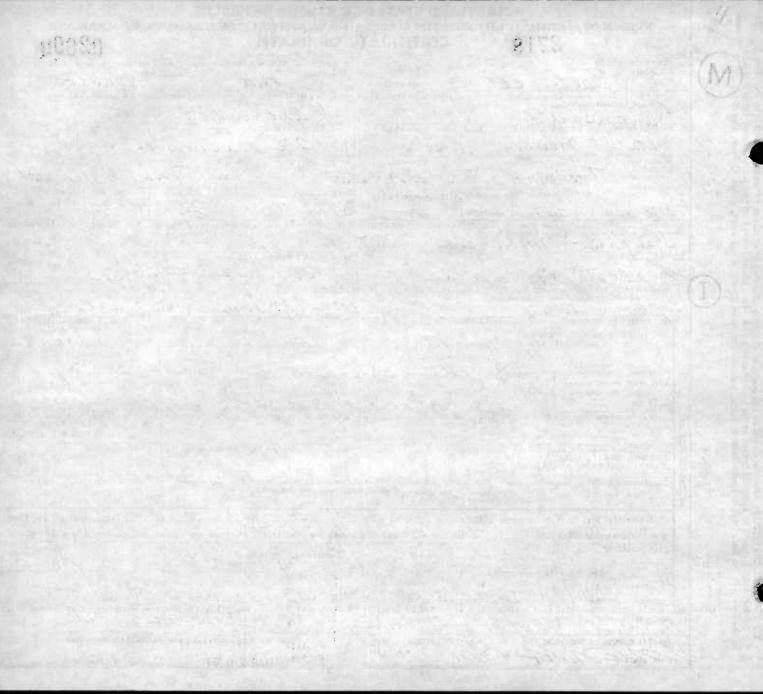
TO FUNEARL DIRECTOR: After this certificate has been signed by the attending physician and completed for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be before the prior to burial, cremation, or removal, and in any event, within 72 hours after death.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2719 CERTIFICATE OF DEATH 02699

	I. PLACE OF DEATH a. COUNTY ALL O	2. USUAL RESIDENCE (Where deceased lived, If institutions e. STATE b. COUNTY b. COUNTY	Residence before edmission)
4	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITYOR TOWN (If outside corporate limits, write RURAL an	deivo assert town
	write RURAL and give nearest town	Pat no	d give fleatest town/
	8. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
X	122 melvin ane.	1/22 melvin due	ON A FARM?
	3. NAME OF First Middle	Last 4. DATE Month	Day Year
	(Type or print) / HOMAS I. EARL	DEATH MARCH	16 19 61
9	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	9. AGE (In years IF UNDER! Jest birthday) Months	Days Hours Min.
9	100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	0/21/11 69 yrs.	IZEN OF WHAT COUNTRY?
	done during most of working life, even if retired)	RY II. BIRTHPLACE (County & Stete, or foreigh country) 12. CIT	U. S. a.
H	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0.3.00.
1	Robert H. Pusto	annie Fly	
		INFORMANT	
/	(Yes, no, or unkown) (Ifyesgive war or detes of service)	mrs. newman E. Ea	rla
H	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).]	1 1/2	ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Ocule My France	lial Infarelson	ide.
	7201 DUE TO	,	1007
	Conditions, if any, which gave rise to immediate cause	CROSER	10,20
	(e), stelling the underlying DUE TO cause lest. (c) Andrew Care	dro-Vasculer Disease	1030.
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(e) 19. WAS AUTOPSY PERFORMED?
-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO		YES NO
	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of Injury in Pert I or Part II of item 18.)	
		ACE OF INJURY (Home, ferm, 20f. (City or town) (Coutory, street, office bldg., etc.)	unty) (State)
	21. I certify that (I) (this hospital) attended the deceased from	3-20-, 1947, to 3-16-, 19	6/2, that (1) (we) last
	saw the deceased alive on	death occured at 51.M, from the causes and on	the date stated above
	22e. SIGNATURE	ATTENDING MED STAFF	22b. DATE SIGNED
	22c. PHYSICIAN'S M. fallager	A.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS	3-17-61
	NAME (Type) Vilover K. Gallager M.D.	1 6209 Inderich Com, Ball.	28,2128
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or count	(Stote)
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS AD	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
1	Mac Dall Ason 28		
S.	100	DATE MAR 2 0 '61 Cutting &	Thouse



	DIVISION OF ST		ARYLAND STA		ARTMEN			ALTIMOPE	1 MARY	LAND	
	DIVISION OF S	2720	CERTIF	ICATE	OF DEA		JIREEL, D	ALIMOKE	02	2700	
1.	PLACE OF DEATH			- 11	2. USUAL RES	IDENCE	(Where decees		lution: Rasidan	ca belora a	dmission)
	BALTIMO	RE	MAR	YLAND	a. STATE MAR	YLANI)	b. COUNTY	BALTIMO	DRE	
	b. CITY OR TOWN (if outside write RURAL and give it	de corporete limits,	c. LENGTH OF ST	AY IN 1b	c. CITY OR TO	OWN (If ou	utside corporete	e limits, write RU	RAL and give i	neerest tow	n)
	TOWSON				TOWS						
	d. NAME OF HOSPITAL OF	R INSTITUTION (if n	ol in hospital, give streat add	drass)	d. STREET AD	DRESS					SIDENCE A FARM?
	102 E,SUSQI			1		E.SWS	QUEHANI			YES _	NO T
3.	NAME OF DECEASED	First	Middle		Lest	4.	OF	Month	Dey	Year	
_	(Type or print)	JOHN	PAUL		ATON		DEATH	MARCH	13	19 (
5.	AND DO	OLOR OR RACE 7.	MARRIED NEVER MARR	IED 8.	DATE OF BIRTH		la	GE (In years IF to	onths Days	IF UNDER	24 HRS.
10	MALE		VIDOWED DIVORC		NE 20, 1		50	5 yrs.		F MILAT C	OH LEDVO
de	e. USUAL OCCUPATION (Gone during most of working I	ife, even if retirad)	106. KIND OF BUSINESS C	OR INDUSTRY	11. BIRTHPLACE	(County &	& Stete, or fore	ign country)	12. CITIZEN O	r WHAI C	OUNIKI
12	TRUCK DRIVE	R	BALTO. METRO.		MARYLA		ME		USA		
13	Street, St.	A TO ONT		230	CATHER			סיה			
15	SAMMUEL E		S? 16. SOCIAL SECURITY	NO L 17 TR		IN NC	FMEIST	Address			
	NO (Ifyesgi	ve wer or detes of serv	ice)		FAMILY	DECOL	ne	Addiess			
_	18. CAUSE OF DEATH		217-03-2588		PRIMILIT	IMPOOL	ш.		LINT	ERVAL BET	WEEN
	Conditions, if any, while gever its to immediate cause (e), steting the underlyicause last.	DUE TO Ch Use DUE TO Ch DUE TO (c) (c)	Terios Vas	elu.	las (De	hi dio	Ren	2 3	1	len
CERTIFICATION	PART II. OTHER SIGN	IFICANT CONDITIC	ONS CONTRIBUTING TO DEA	TH BUT NOT	RELATED TO THE	TERMINAL	DISEASE CON	NDITION GIVEN		// PERFO	UTOPSY RMED? NO
CERTIFI	200. ACCIDENT WAS UN OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC	USE OF DEATH	Ob. DESCRIBE HOW INJURY	OCCURED.	Enter neture of in	jury in Pert	I or Pert II of	item 18.)			
MEDICAL	20c. TIME OF INJURY Hour a.m. p.m.	Month, Oay, Year	20d. INJURY OCCURRED While Not While et work et work		E OF INJURY (Hor y, street, office blo		20f. (City or	town)	(County)		(State)
	21. I certify that (I saw the deceased a	VIIO	attended the deceas		death occured	a96		ne causes and			
_	22c. PHYMICIAN'S NAME (Type)	leste	Round	el M.C	ATTENDING PHYS. 22d. ADDRES			STAFF PHYS.		22b	SIGNED
23	a. BURIAL, CREMATION, REMOVAL (Specify)	1-111-		CEMETERY O		1		ON (City, town o	2.00	(S1	ate)
24	BURIAL STONERAL DIRECTOR'S SIG	3/16/61	MORELAND	MEMORIL	AL PERK	Sa REC'D	PARKV J		RAR'S SIGNA	TURF	
24	John Dur	no Les	viow. Mar	ylan	0		2 0 '61		un S. Kras		
7											

TORSON

IAI! 11

102 E.SEECEEROLE AVE.

7051 '02 7.01'

CATHERIN HOMEISTER

TO NOW: 217-07-2588 PAMILY ELCORDS

102 E, SESCHERINA LVF.

HORAM TEREST HORAS JUAN AND MEDICAL

aria

TUCKETY BALTO, MITS. 115 MARKET

SAMME RICH

John Dune Teware

3/16/61 00 TEMP MARKET WAR

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

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		6661	CERTI	ICAIL	OF DEATH				Q PO	E O T
	PLACE OF DEATH				USUAL RESIDENCE (Wh	ere deceased li		on: Residence	e before admi	ssion)
	o. COUNT	Baltimore	MARY	LAND	Maryl	and	b. COUNTY	Balt	imore	
	b. CITY OR TOWN (If outside carporote limit	s, write c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o	utside corporot	e limits, write R	URAL ond gi	ve nearest tav	vn)
	Catmsvi		27 days	X	Catonsvil	10				
	A ALANE OF LIGHT	TAL 415 A. 1 1			d. STREET ADDRESS	,		3.71	e. IS RE	SIDENCE A FARM?
S	OR INSTITUTION PRING GR	OVE STATE	HOSPITAL		1101 Frede	rick K	oad] NO [
3.	NAME OF DECEASED	/A/ D Firs			Last	4. DATE OF	Man		Day	Year
	(Type or print)	M. Raymond			ers	DEATH	Marc		29	19 6.
š.	SEX		7. MARRIED NEVER MARRI		ATE OF BIRTH		AGE (In years last birthdoy)		YEAR IF UNI	-
	male		WIDOWED DIVORCE		lug. 15, 188		() yis.			
100	usual occupation during most of war	ON (Give kind of work d king life, even if retired)	lone 10b. KIND OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE (Stote	or foreign cour	ntry)	12. CITIZ	EN OF WHAT	COUNTR
		nical eng.	KET		Mary lar	nd		U.	S. A.	- 11-
3.	FATHER'S NAME		_	14	4. MOTHER'S MAIDEN N	NAME				
	unknor	um / FW/14	E HLERS	- 310	unknov	m /	55AC	_		
	WAS DECEASED EVE	ER IN U. S. ARMED FORG		. 17. INFOR	RMANT		Add	ress		
-	unknown	Mar. give wor or other or se	unknown	Rec	ords: SPRI	NG GRO	OVE ST	ATE H	OSPITA	T,
-		ATH Enter only one can	use per line far (a), (b), and (c).						INTERVAL	
		ATH WAS CAUSED BY:	Dulmonomy	1					ONSET AN	D DEATH
	11001	IMMEDIATE CAUSE (a)								
	14221	DUE TO	1 (4,111,011,013)	edelia			CELL			
	Conditions, if	DUE TO	Condiac f							
	Conditions, if o	DUE TO	Condiac f							
		DUE TO ony, which (b) immediate DUE TO	Cardiac fa	ailure	cardio vasc	ular di	s ease			
NO	gove rise to cause (o), stoting lying couse lost.	DUE TO ony, which (b) immediate the under- (c)	Cardiac fa	ailure erotic	cardio vasc			'EN IN PART	1(o) 19. WA	S AUTOPS
ATION	gove rise to cause (o), stoting lying couse lost.	DUE TO ony, which (b) immediate the under- (c)	Cardiac fa	ailure erotic				EN IN PART	PERF	S AUTOPS
IFICATION	gove rise to cause (o), stoting lying couse lost. PART II. OT	DUE TO ony, which immediate the under- the under- HER SIGNIFICANT COND AS UNDERLYING DUE TO (c)	Car diac fa	erotic	T RELATED TO THE TERMI	INAL DISEASE (CONDITION GIV	'EN IN PART	PERF	ORMED?
	gove rise to cause (o), stoting lying couse lost. PART II. OT	DUE TO Ony, which immediate the under- (b) OUE TO (c) HER SIGNIFICANT COND	Cardiac fa	erotic	T RELATED TO THE TERMI	INAL DISEASE (CONDITION GIV	'EN IN PART	PERF	ORMED?
CERTIFI	gove rise to cause (o), stoting lying couse lost. PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	DUE TO ony, which (b) immediate DUE TO the under- (c) HER SIGNIFICANT COND AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER	Car dia c fa Arterioscle DITIONS CONTRIBUTING TO DE	erotic ATH BUT NOT	T RELATED TO THE TERMI	Part I or Port I	CONDITION GIV		YES [ORMED?
CERTIFI	gove rise to cause (a), stoting lying couse lost. PART II. OT 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTING) 20c. TIME OF INJUINED OF INJUINE	DUE TO Ony, which immediate the under- other significant conditions as underlying a cause of death of medical examiner; RY Month, Doy, Yeo	Car diac fa Arterioscle DITIONS CONTRIBUTING TO DE 20b. DESCRIBE HOW INJURY OF 20d. INJURY OCCURRED While Not while	erotic ATH BUT NOT	T RELATED TO THE TERMI	Part I or Port II	CONDITION GIV		PERF	NO
	gove rise to cause (a), stoting lying couse lost. PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJUI Hour o. m. p. m.	DUE TO Ony, which immediate the under- HER SIGNIFICANT CONC AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Year	Car diac fa	erotic ATH BUT NOT CCURRED. (E	T RELATED TO THE TERMI inter noture of injury in I OF INJURY (Home, form , street, office bldg., etc	Part I or Port II	CONDITION GIV I of item 18.) r Iown)	(C	PERF YES [ORMED?
CERTIFI	gove rise to cause (a), stoting lying couse lost. PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJUI Hour o. m. p. m. 21. I certify the	DUE TO Ony, which immediate the under- HER SIGNIFICANT CONC AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Year 19 at (1) (this haspital)	Car diac fa Arterioscle DITIONS CONTRIBUTING TO DE 20b. DESCRIBE HOW INJURY OF 20d. INJURY OCCURRED While of work of work of work	erotic ATH BUT NOT CCURRED. (E	of INJURY (Home, form, street, office bldg., etc.	Part I or Port II	CONDITION GIV	(C	YES [ORMED?
CERTIFI	gove rise to cause (a), stoting lying couse lost. PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJUINOUT o. m. p. m. 21. I certify the saw the deced	DUE TO Ony, which immediate the under- HER SIGNIFICANT CONC AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Year 19 at (1) (this haspital)	Car diac fa	erotic ATH BUT NOT CCURRED. (E	of INJURY (Home, form, street, office bldg., etc.	Part I or Port II	CONDITION GIV I of item 18.) r Iown)	(c)	ounty) that (I) date state	(Steel above
CERTIFI	gove rise to cause (a), stoting lying couse lost. PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJUI Hour o. m. p. m. 21. I certify the	DUE TO Ony, which immediate the under- HER SIGNIFICANT CONC AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Year 19 at (1) (this haspital)	Car diac fa Arterioscle DITIONS CONTRIBUTING TO DE 20b. DESCRIBE HOW INJURY OF 20d. INJURY OCCURRED While of work of work of work	erotic ATH BUT NOT CCURRED. (E	of INJURY (Home, form, street, office bldg., etc.) March 114	Part I or Port II 1, 20f. (City o	ondition GIV I of item 18.) r lown)	(c)	ounty) that (I) date state	(Steel (we) let above 22b. DATE
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MEDICAL CERTIFI	gove rise to cause (a), stoting lying couse lost. PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUI Hour o. m. p. m. 21. I certify the saw the deced 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	DUE TO Ony, which immediate the under- the under- THER SIGNIFICANT CONC AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Yea 19 at (I) (this haspital used alive on Medical Stella Wac) Stella Wac ON, 23b, DATE THEREO	Car diac fa Arterioscle DITIONS CONTRIBUTING TO DE 20b. DESCRIBE HOW INJURY OF THE PROPERTY	erotic ATH BUT NOT CCURRED. (E 20e. PLACE factory. fram	T RELATED TO THE TERMINATION OF INJURY (Home, form, street, office bldg., etc. March 11, 19 The occurred of	Part I or Port II 20f. (City of the control of the	I of item 18.) Narch 7 The causes an STAFF GROVE 11e 28	29, 19 6 od on the 3-2 Maryl or county)	ounty) 1, that (I) date state HOSPI and	(State (we) lack data was parte sign
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be pined by the haspital or attending physician.

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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after		PLOCERAL DIRECTOR: After this certificate has been signed by the attending physician and comply filled in by the funeral	irrector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	1
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ITAL	leath age 4 may be retained by the hospital or attending physician.	RAI	pade	with	
OSP	-		Tor.	led	
H	eat	F	lire	90	

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

(1271)

. 11	44 6 44 64	0.000
) -	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before edmission)
	Baltimore MARYLAND	Maryla nd Bal timore
-	b, CITY OR TOWN (if outside corporate limits, c, LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, writa RURAL and give nearest town)
	write RURAL and give neerest town)	X 0-1-1-11-
-	Catonsville	d. STREET ADDRESS 6. IS RESIDENCE
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat address)	ON A FARM?
	h2h Greenlow Road	424 Greenlow Road YES NO
	3. NAME OF First Middla DECEASED	Last 4, DATE Month Day Year OF
	(Type or print) Catherine L. E	ssert March 25, 1961 19
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Female White WIDOWED DIVORCED S	Sept. 26, 1923 last birthday Months Days Hours Min.
-	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	dona during most of working lifa, even if retirad)	Bal timore, Md. U.S.A.
	Never Worked	Bal timore, Md. U.S.A.
Y	IS. PAINER'S NAME	
. 1	Frank L. Essert	Edna T. Hayden
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yas, no, or unkown) (Ifyasgivewarordatasofsarvice)	INFORMANT Address
		s. Edna T. Essert-121 Greenlow Road
=	18. CAUSL OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. ATH WAS CAUSED BY:	istatie Carcinoma onset and DEATH
	DUE TO Oda	carcinoma of Intestine about 3 yr
	Conditions, it a y, which \ (b)	callinorna of Justishing with you
	gava rise to immulate causa (a), stating the underlying DUE TO	
	cause last.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
		PERFORMED? YES NO ICA
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)), (Entar natura of injury in Part I or Part II of item 18.)
1	OR CONTRIBUTING CAUSE OF DEATH	
	20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not Whila fact work at work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	p.m. 19 at work at work	
		about , 1936, to 3-25, 196(, that (1) (we) last
	3 2 3 10 6/ and that	death occured at 7 PM, from the causes and on the date stated above.
		22h DATE
	220. SIGNATURE	ATTENDING 1 MED. STAFF SIGNED
		and approximately and a second
	22c. PHYSICIAN'S NAME (Type) GUSTAU HIGHSTIEIN	22d. ADDRESS & W Combosy &
	30-771 771 371	0 0 0
1	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
3	REMOVAL (Spacify) Burial 3-29-61 Loudon Par	k Cemetery Baltimore, Maryland
3	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS A	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Vm J. Tickers & Sono Roth + Henra Boll	1/2) A DATE MAR 27'61 arthur S. House
I.	my fully both house then Hall	2,777

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MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Rasidence before admission) I director, Page or your files. e. COUNTY a. STATE b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give nearest lown) ö 23vrlmthl6dvs Baltimore Catonsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 3510 Holmes Avenue STATE HOSPITAL NAME OF Middle Last DATE DECEASED the uld be executed within 24 hours after death. If in pencil in Item 18. Give Pages 1, 2, and 3 to the Office along with form PM3. Page 5 may be re urial-Itransit permit. File pages 1 and 2 with the oval, and in any evept within 72 hours after coval, DEATH (Type or print) Israel Exler 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 1879 WIDOWED [DIVORCED male white 10e. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) dona during most of working life, even if retired rag picker Russia 14. MOTHER'S MAIDEN NAME Hilda Flaxman Erey Exler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no. or unkown) | (If yes give we ror dates of service) Office along with burial-transit permi Reocrds: SPRING uknown GROVE 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which "pending" geve rise to immediate cause 60 DUE TO (a), stating the underlying Examiner SBS cause lest. be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION On 1-29-61 an open reduction and internal fixation with Smith-Peterson xecute the certificate, writing the word Medical 2 naithmand Malaughling, Side How Hourencourse Frank Boure of Frank of Hom 18.) On 1-19-61 while on should PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. the way to the diningroom, patient was knocked down by another MEDICAL EXAMINER: thould be forwarded to the Chief FUNERAL DIRECTOR: Page 3 20c. TIME OF INJURY While Not Whila hospital at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . agent, Accident In death resulted from: Natural causes Suicide Homicide [CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S George M. Kieffer, M. D. pinous NAME (Typa) Address (Street, city, town, or county) 22a. BORIAL CREMATION. MAME OF CEMETERY OR CREMATORY 22d. LOCATION 0 24e. REC'D BY REGISTRAR VS. A15ME DATE APR

5M 7/59

YES NO Y Month 19 6] March 9. AGE (fn years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Hours 12. CITIZEN OF WHAT COUNTRY? Russia Address STATE HOSPITAL INTERVAL BETWEEN ONSET AND DEATH PERFORMED? NO X an intertrochanteric frac. of the right femire (Single Flace of Nour (Home, farm, 20f. (City or lown) (Single Flace of Single Catonsville 28. Md. Inquiry . and in my opinion Undetermined manner 24b. REGISTRAR'S SIGNATURE

arthur & Hours

IS RESIDENCE ON A FARM?

AND REPORT I THE WELL THE REPORT OF THE PROPERTY OF THE PROPER and the second s The state of the s Paris 4-8-96 Nordenboles Precise 1944 Has to lever the sever ciclian De manger of the selection

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be

motian,	de		2724 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dis 0.2.704
Скето	M		PLACE OF DEATH D. COUNTY BALTO. MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE D. BALTO.
		7	c. CITY OR TOWN III outside corporate limits, write RURAL ond give nearest town) C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
	X	j	817 SUNNYSIDE RD. d. STREET ADDRESS 1817 SUNNYSIDE RD. d. STREET ADDRESS 1817 SUNNYSIDE RD. e. IS RESIDENCE ON A FARM? YES ON DE
gistro		-1	NAME OF DECEASED (Type or print) Michael FANSLAU DATE Month Day Year OF DEATH 3 13 1961
Tour III.	3)	5. 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 1ALE WHITE WIDOWED DIVORCED /2/11/1874 86 yrs. Months Days Hours Min.
7 7 7 7		10a	USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) CARPENTER SHIPYARD RUSSIA RUSSIA RUSSIA
o spand		13.	FATHER'S NAME NOT KNOWY 14. MOTHER'S MAIDEN NAME NOT KNOWY
Tie po			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address Address 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address 18. 17 SUNNYSIDER
bermir.			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH
THOUSE IN COLUMN			DUE TO Canditions, if any, which) (b)
			gave rise to immediate cause (a), stating the underlying Cause last. (c) (c)
	0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sum NO \(\sum \)
		CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Port II af item 18.)
200		MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 20d. INJURY OCCURRED While Not while at work at work at work 19 20d. INJURY OCCURRED 20d. PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.)
			21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , and find the death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined cause .
	2		ACTUAL SIGNATURE CA MEDICAL EXAMINER DATE SIGNED
ovo			EXAMINER'S DACK & Collins DEPUTY MEDICAL EXAMINER 3-13-6/
or remo		220 B	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 3/15/6/ SCHWARTZ'S BALTO. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR'S SIGNATURE
E(5)		23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

illed in by the funeral ages 1 and 2 should within 24 hours after Pages 1 72 hours after OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed doath. To HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed doath. The A may be retained by the hospital or attending physician. TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and complex director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers be filed Withhis State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 h

VR A15 (4) 15M 9/60 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2725 CERTIFICATE OF DEATH

1.	PLACE OF DEATH				2. USUAL RES	IDENCE (Where	e deceesed live	, If institution, Re	esidence befor	a edmission)
	. COUNTY	Baltimore		MARYLAND	a. SMary	land	b. C	Balti	more /	7.A.
	b. CITY OR TOWN (if	outside corporete limit	s,	c. LENGTH OF STAY IN 15	c. CITY OR TO	OWN (If outside o	corporete limits,	write RURAL end	give naerest	lown)
	Cat	oiva naarast town) onsville	28		Balt	imore 2	6		0	7 X
	Mrs. Bass	at or institution (i	f not in hosp	nital, give street address) Home	d. STREET ADI					RESIDENCE
)_			nue		The second secon	High P			YES	NO [
3.	NAME OF DECEASED	First		Middle	Lest	4. DAT	re »	onth	Dey Y	eer
1	(Type or print)	Bern		н.	Farley	DEA	4 4 5	rch		19 61
J5.	SEX	6. COLOR OR RACE	7. MARRIEI	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In y	mars IF UNDER 1	Devs Hours	DER 24 HRS.
	male	white	WIDOWE	DIVORCED	July 3, 1	894	66 yr	s. Monnis L	70013	755111.
10 de	a. USUAL OCCUPATION on a during most of wor Carpent	king life, even if retire	d)	ND OF BUSINESS OR INDUS		(County & Stete		ntry) 12. CITI	U.S.A.	
13	. FATHER'S NAME				14. MOTHER'S M.	AIDEN NAME			1777	
		Henderson	Farl	еy	Nanni	e Hughe	s			
	es, no, or unkown) (If			SOCIAL SECURITY NO. 17.	INFORMANT		Ade	iress		
	No No	yasgive wai oi daleso; si	21	8-05-4215H	Mrs. Nora	Farley	, White	Marsh,	Maryla	and
	18. CAUSE OF D	EATH Enter only one	ceuse per li	na for (e), (b), end (c).]	mp	14 14 1			ONSET AN	
		MAS CAUSED BY:	ma	ocardial I	refarelis	7			12	
	420	DUE TO	. 0		6	/ -				,
	Conditions, if eny,		Harly	Lensin Car	du - Tras	alan I	Turan	21	100	27 (
	geve rise to immedia	le ceuse	16/00	000000000000000000000000000000000000000	our - wer	20-10-1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-	
	(a), stating the un	derlying DUE TO							-51-9	
_	couse last.) (c)				TERLIBLAL DISE	SE COMPINION	COVERT INTO A DE	41 22 20 21/4	C ALITOREY
ATION	PART II. OTHER	SIGNIFICANT CONDI	IIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEA	KSE CONDITION	GIVEN IN PAKI	YES PER	REFORMED?
H	2De. ACCIDENT WA		2Db. DES	CRIBE HOW INJURY OCCUR	ED. (Enter neture of in	jury in Pert I or Pe	ert II of item 1B.)			
CER		MEDICAL EXAMINER)								
MEDICA	20c. TIME OF INJUI	Y Month, Dey, Ye	While	Not While	LACE OF INJURY (Hore ectory, straet, office blo		(City or town)	(Cour	nty)	(Stete)
1	p.m.			ded the deceased from	5-1	= 1060	. 2	- 7 - 10/	410.0	· / · · · \ / · · · ·
		ed alive on		19.6.2., and th	at death occured	atu.C.M, t	rom the cau	ses and on t		
3	22e. SIGNATURE	or Bigall	roses		M.D. ATTENDING	MED. DIRECTOR	STAFF PHYS.			22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	Wilmer K	. Gal	lager, M.D.	6209	Frederi	ck Rd.	atonsvi	ille 2	3,Ma
23	REMOVAL (Specify)	ON, 23b. DATE THE	EOF	23c. NAME OF CEMETER	Y OR CREMATORY			, town or county		(Stete)
	BURIAL	3-4-61		Parkwood C				or Aven		
	FUNERAL DIRECTOR		3 0 7 0	ADDRESS	25	e. REC'D BY RE	GISTRAR 25b.	REGISTRAR'S	SIGNATURE	
	William Co	ok, Inc.,	1517	St. Paul Stre	eet	ATMAR 6	61	Orthun 8	Kround	
-									1000	

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

2726

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1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where dece- a. STATE Marvland	b. COUNTY	n: Residence befare admission) Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Harrisonville	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside ca		
d. NAME OF HOSPITAL (If not in hospitol, give street or institution Box 231A Randallstown,	oddress) P.O. Liberty Rd	d. STREET ADDRESS Libe	rty Road	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Middle	Teel 4. DAT OF DEA	тн Жа	rd 5, 196)
5. SEX 6. COLOR OR RACE 7. MAR White WIDOW	THE PART OF THE PA	B. DATE OF BIRTH Jan. 1, 1879	9. AGE (In years last birthday) 82 yrs.	Manths Days Haurs Min.
10o. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	NOne	TRY 11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
John Wienke		Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no, or unknown) { (If yes, give wor or dates of service) }		FORMANT	Addre	
No	None Mr	. Howard W. Fee, 4	605 Wilken	s Ave. Balto. 29, Md
Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS	rorice Val eterio sele CONTRIBUTING TO DEATH BUT	rosis NOT RELATED TO THE TERMINAL DIST	Since EASE CONDITION GIVE	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	D. (Enter noture af injury in Port I ar	Port II of item 1B.)	YES NO
Haur a.m. While	Lan	ACE OF INJURY (Home, farm, 20f. (tory, street, office bldg., etc.)	City ar town)	(County) (State)
21. 1 certify that (I) (this haspital) attensaw the deceased alive an 3/1/6		7 730		, 19, that (I) (we) last d an the date stated above.
220. SIGNATURE & Mart	- v	M.D. ATTENDING MED. DIRECTOR	STAFF PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) WM. E. MAI	RPIN	Paudalls	town	md
23g. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	_	CATION (City, town, a	
7,7	Loudon Park		ltimore,	Maryland STRAR'S SIGNATURE
24. FUNERAL DIRECTOR'S SIGNATURE	8728 Liberty R	25a. REC'D BY REC		47 S. Kraus
				1 207 7 9 9 9 9 9 9

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

02707

1. PLACE OF DEATH a. COUNTY B	altimore	MARYLAND	g. STATE	ence (Where deceased liveryland	6 COUNTY -	dence befare odmissian)	
Baltimo	(If autside carparate limits, winearest town)	c. LENGTH OF STAY IN 16	Mr.	own (If autside corporate imore 6,	limits, write RURAL an	d give nearest tawn)	
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in haspital, give st 4304 Nec1		d. STREET AL		r Ave.	e. IS RESIDENCE ON A FARM? YES NO X	
3. NAME OF DECEASED (Type or print)	First	Middle LAND FISHPA	lost	4. DATE OF DEATH	Manth 3-2-	Day Year -61 19	
5. SEX male		MARRIED NEVER MARRIED DOWED DIVORCED	B. BATE OF BIRTH	8,1893	GE (In years ast birthday) Mapulas	S Days Hours Min	
10a. USUAL OCCUPAT during most of wa COOPEP 13. FATHER'S NAME	ION (Give kind of wark dane rking life, even if retired)	10b. KIND OF BUSINESS OR INC		ryland		U.S.A.	
Lev			Mari	a Sheeler		S. Carlo	
1S. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17	Hilda T.	Fishpaw	Address	bove	
Canditians, if gave rise to cause (a), stating lying cause last	the under:	Y PEY TENS	UT NOT RELATED TO	ARDIOVA	S DIS	15 fb.	
PART II. O' O	PERFORMED? YES NO D 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH						
(IF EITHER, NOTIF	Y MEDICAL EXAMINER)		PLACE OF INJURY (F factory, street, affice	dame, farm, bldg., etc.)	lawn)	(Caunty) (State	
	ot (1) (this hospital) at asset alive an MAD	tended the deceased from	May // death accurred M.D. ATTENDING PHYS. 22d. ADDRE	MED. DIRECTOR		the date stated above 22b. DATE SIGNED	
23a. BURIAL, CREMATI REMOVAL (Specif BURIAL		Jessop Me		23d. LOCATION Sparl	(City, tawn, ar caunty	y) (State)	
24. FUNERAL DIRECTO		ice, Towson	L Md	2Sa. REC'D BY REGISTRAR			
DI-OOKS L	querar per.	Toe' TOMPOUL -	T g I'lu e	DATE MAR 9 '61	arthur	S. France	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 the attending physician and campletely filled by the funeral director, Then please remaye carbon papers. Pages 1 and 2 shauld be filed with **DEVINE OF ECTOR:** After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death. ined by the hospital ar attending physician. TO FUNE

VR A1S (4) 15M 9/59

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15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYAND CERTIFICATE OF DEATH

-		64660					
1.	PLACE OF DEATH				CE (Where deceesed lived, If In		ence before edmission)
	BALTIMO	RE	MARYLAND	MARYLA	MI) BO	LTIMO	RE
	b. CITY OR TOWN (if or write RURAL end give	itside corporete limits.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corporete limits, write I	RURAL and give	e neerest town)
	FULL BRTO			XTOWS	nN -4		
	d. NAME OF HOSPITAL	OR INSTITUTION (if not i	n hospital, give street eddress)	d. STREET ADDRESS			. IS RESIDENCE
	FULLERTON	V-MURSING	& HOME	601 Pic	CABILLYRU	5	YES NO
3.	NAME OF DECEASED	First	Middle	Last	4. DATE Month	De	y Yeer
	(Type or print)	ANNA	FLA	NAGAN	manager of the con-	0H 19	1961
5.	SEX 6	COLOR OR RACE 7. MA	ARRIED NEVER MARRIED 8	DATE OF BIRTH	1 4 1 4 1 1 1 -	F UNDER 1 YEAR	
1)/		1		UG-4 188	last birthdey) 7 9 yrs.	Months Deys	Hours Min.
	. USUAL OCCUPATION		Db. KIND OF BUSINESS OR INDUSTR		nty & State, or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
00	HOUSE WI			GERMA.	NY	USAN	VATURALIZE!
13	. FATHER'S NAME			14. MOTHER'S MAIDEN			77.
-	FRANK	DAED		IINK	NOWH		
15	. WAS DECEASED EVER I		16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address		TOWSOIT.
(Y.	es, no, or unkown) (Ifyes	sgive wer or detes of service)	011	ANIES MIT	ANAGAN-6011	Pinnel	
-		TH lEnter only one ceuse	per line for (e), (b), end (c).]	14/11/C3 /1/FA	HNITGITI GUIT		NTERVAL BETWEEN
	PART I. DEATH W	AS CAUSED BY:		1, ,, 2			DISET AND DEATH
	IMA	MEDIATE CAUSE (e)	X SANGUINATION (INTO ROME	2)		12 Hours
1	750.0	DUE TO M	APOSTE ICIA	1	1,000		
	Conditions, if eny, v		ASSIVE INFARCTIO	NOF BUU	UEL		12 Hours
	(e), stating the unde	dving DUE TO A					
	couse lest.	(0)	etenios clerosis				YEARS
ON	PART II. OTHER SI	A	CONTRIBUTING TO DEATH BUT NO	.1	NAL DISEASE CONDITION GIVE	N IN PART 1(e)	19. WAS AUTOPSY PERFORMED?
13		A	RTEP105CLEPOTIC	: HEBRT V	ISEASE		YES NO
CERTIFICATION	20e. ACCIDENT WAS OR CONTRIBUTING []	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURED	(Enter nature of injury in	Pert I or Pert II of item 18.)		
	20c. TIME OF INJURY		20d, INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferr	m, : 20f. (City or town)	(County)	(Stete)
MEDICAL	Hour e.m.			ory, street, office bldg., etc		(000)/	(Side)
	21. I certify that	(I) (this hospital) a	ttended the deceased from	1/15	1960 10 3/19	196/	that (I) (we) last
	saw the deceased	alive on 3/19	919.6.(, and that	death occured at	A.M. from the causes a	nd on the	date stated above.
	226. SIGNATURE	500	5.4.4				. 22b. DATE
	Danald	Lisame	wille		MED. STAFF DIRECTOR PHYS.		3/19/61
	22c. PHYSICIAN'S	7	0	22d. ADDRESS			1
	NAME (Type)	DNALD L.	SOMERVILLE, M.	D. 25 W. F.	ENNA AUE; Ton	150N 4,	MD.
23	. BURIAL, CREMATION	, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town	n or county)	(State)
1	BEMOVAL (Specify)	3-22-61	GREENWOOD		WHEELING-L		
24	FUNERAL DIRECTOR'S		ADDRESS	-	C'D BY REGISTRAR 25b. REGI	STRAR'S SIGN.	ATURE
u	17 Cook-	TOWSGH, IN	C 1050 YORK RU-	10WSIY DATE	MAR 21 '61	arthur 8	Firms
-							

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	64663									JELAU	5
1. PLACE OF DEA	BALTIMOR	E	MARYL	AND	2. USUAL F	22.	YLAND	ceesed lived, If b. COUN	ITV	TIMOR	
write RURAL	'N (if outside corporate limits, and give neerest lown)	, с.	LENGTH OF STAY		c. CITY OF		(If outsida corpo	orate limits, write	RURAL end g	ive nearest t	lown)
	SPITAL OR INSTITUTION (IF		, giva streat addres	:5)	d. STREET		central	Avenue			RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	First		JOHN		FLOREN'	PTN A	4. DATE OF DEATH	Man			9 63
S. SEX	6. COLOR OR RACE	. MARRIED	NEVER MARRIED	TE	DATE OF BIRT	Н		AGE (In yaers last birthdey)	IF UNDER 1 YE	AR IF UND	DER 24 HRS.
Male	PATION (Giva kind of work	WIDOWED _	DIVORCED OF BUSINESS OR I		Feb. 12		61 le or foreign cou	yrs.	1		T COUNTRY
dona during most of	working life, evan if retired)	None	NDOSIK	Balti	more	e,Md.	airy)	U.S		COUNTRY
13. FATHER'S NAM					14. MOTHER'S						
	is Florentina					are	t M.Tier				
	EVER IN U.S. ARMED FORC (Ifyasgive war or detes of ser	vice)	one		nformant ancis Fl	.orei	ntina,ll	Address Centra	l Ave.	Glyndo	n, Md.
Conditions, if gave rise to imm (a), stating the cause lest.	nediate cause	Inter	estitial	pneu		ME TEDA	MINIAI DISEASE	CONDITION GIVE	EN IN DADT 1	ONSET AN	S AUTOPSY
PART II. OT			IOW INJURY OCC						LIN IIN FAKT I		FORMED?
3 20c. TIME OF I	NJURY Month, Day, Year				CE OF INJURY (I			or town)	(County	·)	(Stata)
Hour a.	m. 19	Whila et work	Not While at work	10010	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5.09.70	,	B PCXO			
21. I certify death resulte	r that I took charge of ed from: Natural cau	L Page	s described abo	Suici	de 🔲, He	omicide	Inspection Unc	, Inquir determined m		and in my	opinion
ACTUAL SIGNATURE	ω	Upo	0-6		M.D. ASSIST	ANT MI	EDICAL EXAMINE	R X		DATE S	IGNED
EXAMINER'S NAME (Type)	W	Bradl	ey King,	Jr.			AL EXAMINER	county)		3/1	.5/61
22a. BURIAL, CREMA REMOVAL (Spa Burial	March 15,	F 22c.	All Saint	TERY OR	CREMATORY Cemetery	7	Reist	erstown	,Md.		itete)
23. FUNERAL DIREC			ADDRESS				EC'D BY REGISTR				
J.F.E.	line & Sons, Re	eisters	town, Md.			DATE	MAR 1 7 '6	1 0	icilan S.	Traud	

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The Hampier Committee of American india. Manufer and an armine and real faithful comey Lesine Li TARREST STRONG Met. 10, 1961 Designation in the land All the local server are the local transfer of the local transfer Billiams paner Equals of the February BILLIA in a printer start, every starte all . In the transfer of the second and a second the second and the body of the latter of

the registrar prior to burial, crematian, ar remayal, and in any event within 72 haurs after death. urs after death. Page 4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24, lined by the hospital ar attending physician. 41 DIRECTOR: After this certificate has been signed by the attending physician and campletely filled

TO FUNER TO HOSE

VS A15 (4) 15M 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2730

CERTIFICATE OF DEATH

N. 1.09910

				key.	DIST. NO
a. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (Where de a. STATE Marylien	b. COUNTY B	dence befare admission)
	OWN (If autside carporate limits, write d give neagest tawn)	c. LENGTH OF STAY IN 16	c. CITY OF TOWN If outside	carporate limits, write RURAL a	nd give nearest tawn)
d. NAME OF OR INSTIT	HOSPITAL (If nat in haspital, give stree UTION	t address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or prin	t) ADA First	LOKER.	FRANCIES 4. D	PATE Month OF SEATH March	Day Year // 19 6
Female	e White WIDOV		B. DATE OF BIRTH TUNE 7 189	4 last birthday) Manti	
Heese	CUPATION (Give kind of work dane 10th of working life, even if retired)	Home	Fallston	eign country) 12.	CITIZEN OF WHAT COUNTRY
13. FATHER'S NA	leam A. Lo.	kee	14. MOTHER'S MAIDEN NAME	Denbow	
1S. WAS DECEA		15-34-0140 M	llian T.M. Fra	ncies Bal	Edwin Md
Canditian gave ris	OF DEATH [Enter only one cause per IT I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO To immediate stating the under-	Hyperter	Della sim	sion	INTERVAL BETWEEN ONSET AND DEATH
PART PART	TIL OTHER SIGNIFICANT CONDITIONS DENT WAS UNDERLYING 20b. DE		NOT RELATED TO THE TERMINAL D		PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
(IF EITHER,	a.m. / While	_3	ACE OF INJURY (Hame, farm, 20f	i. (City ar tawn)	(Caunty) (State
21. I certalized and actual signature Physician NAME (Type	Alter	1 .	accurred at // AM, f ADDRI		last saw the deceased the date stated above DATE SIGNED
22a. BURIAL, CR REMOVAL (Bull	REMATION, 22b. DATE THEREOF	Maugh Ch	R CREMATORY 22d.	LOCATION (City, town, or coun	md;
23. FUNERAL DI	RECTOR'S SIGNATURE	Jarrellowil	les Mad DATE MAR		SIGNATURE 1. A. Kraua

4.7.8 E 1000 E 27

VS A15 (4) 1SM 10/57

1

MARYLAND ST		ENT OF HEALT	'H—BALTIM 'H			02712
1. PLACE OF DEATH	CERTIFICA	2. USUAL RESIDENCE (
o. COUNTY Baltimore	MARYLAND	° Marylan		b. COUNTY	Bally	re domission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fullerton	ENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate li	mits, write RUR		orest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddre OR INSTITUTION 24 Bangert Avenu	ns) 1 e	d STREET ADDRESS	ert Aven			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) To hy	Middle F	riesser	4. DATE OF DEATH	Month	4 /	y Year 196
5. SEX 6. COLOR OR RACE 7. MARRIED [WIDOWED []		B. DATE OF BIRTH Dec. 1, 187	- OS		UNDER 1 YEAR	IF UNDER 24 HRS Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OF BUSINESS OR INDU	Marburg,			12. CITIZEN C	A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		111111111	
Mathias Friesser		Theresia	Traxler			No see
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI		NFORMANT lius M.Frie	sser,24	Address Bangert	Ave, F	ullertor
18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause last. (c)	2	ich , 5	enilit viency i	/ Conge	Stire f	ERVAL BETWEEN SET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONT					IN PART 1(o) 1	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	HOW INJURY OCCURRE	D. (Enter nature of injury i	n Part I or Part II of	item 18.)		
Hour o.m. While	Y OCCURRED 20e. PL/ Not while of work	ACE OF INJURY (Hame, fo ctory, street, office bldg., e	rm, 20f. (City or to	vn)	(County)	(State
21. I certify that I attended the deceased for alive an March 16 19 61 ACTUAL SIGNATURE William 6. Tyson PHYSICIAN'S NAME (Type) William A. Tyson	year M.D.		M, from the	causes and ity or town, stole	an the da	te stated above DATE SIGN 3-18-6
REMOVALPOCITY 3-20-61	Oak Hill Ce		22d. LOCATION (City, town, or c Rapida		(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE Nm. Cook-Towson, Inc., 1050	ADDRESS York Rhad, T		C'D BY REGISTRAR AR 2.1 '61		AR'S SIGNATUL	

		CERTIFICA		1000	
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	int) totality				
				1711	
	1. 1874				LK.I
	Prince, suggested				
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	PERSONAL PROPERTY.	4 .		A syllague	
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		C. Ameli de	er com	, • • • • • • • • • • • • • • • • • • •	Zasabi al

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

2729

02713

	4136 CERTIFICATE OF DEATH
1	1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmission) b. COUNTY Baltimore
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Baltimore C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 1037 Beechfield Avenue d. STREET ADDRESS on A FARM? YES \(\sum \no \text{D} \) NO \(\text{D} \)
	3. NAME OF DECEASED (Type or print) Frederick F. Fritzges 4. DATE OF DEATH March 27, 196:
)	5. SEX male 6. COLOR OR RACE White Widowed Divorced Oct. 9, 1886 9. AGE (In years lost birthdoy) 74 yrs. Funder 1 Year If under 24 He Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Petired B & O R.R. Maryland 12. CITIZEN OF WHAT COUNTRY W. S. A.
	John A. Fritzges 14. MOTHER'S MAIDEN NAME Margaret Sussen
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT Katherine Fritzges 1037 Beechfield Av
)	DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOP PERFORMED. 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter notate of injury in Part 1 or Port II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 19 20d. INJURY OCCURRED While of work
	21. I certify that (I) (this haspital) attended the deceased frame 1962, that (I) (we) los saw the deceased alive an 1962, and that death accurred at 160 M, from the causes and an the date stated above 220. SIGNATURE 220. DATE:
	ATTENDING ATTEND
6	23d. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL Specify 3/29/61 New Cathedral Cem. 23d. LOCATION (City, town, or county) (Stote) REMOVAL Specify Baltimore, Maryland
1	24. FUNERAL DIRECTOR'S SIGNATURE HOWARD H. Hubbard 4107 Wilkens Avenue 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE MAR 3 0 '61

hours ofter deoth. Page 4 the attending physician and completely filled by the funeral director. Then please remove carbon papers. Pages 1 and 2 should be filed with

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be pined by the haspital or ottending physician.
O FUNE AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1

TO HOSPITAL O VR A15 (4) 15M 9/59

2872 low secondicio Avenue CONT descinitals avenue E Indention 3. Minister of the State of the St Analysis (.e. e. a a a constant for the second * 4 7 * John. Derragen. num . Figherine Fritzesed 1037 D. Confield Fre. Time combined, N. D. - Free Meister St. Clicutage Ci, We in the contract the contract c Bowell B. Bublered will be and Avenue . B. Diewolf

1
illed in by the funeral Pages 1 and 2 should ours after death
TO FUNCERAL DIRECTOR: After this certificate has been signed by the attending physician and comple filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
R A15 (4)

M

- MARYL	AND STATE DE	PARTMENT OF	HEALTH	
DIVISION OF STATISTICAL RESEARCE	H AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE	, MARYLAND
2733	CERTIFICATE	OF DEATH		027

71	COLINIA	2. USUAL RESIDENCE (Where deceased lived, if institution, Residence Defore admission)
1	e. COUNTY	a, STATE W. / b. COUNTY D. +/
/ _	BALLAMAL MARYLAND	MARYLAND MARTON
	b. Ch. Skilowin in G. Side corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN(if outside corporete limits, write RURAL and give neerest town)
	write RURAL and give nearest town)	21/01-61
	GANNISON	
40	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
02	L 11 · 1 0 - 11	ON A FARM?
	Forlow COAU Home-	5431 Phice Ave YES NO
3.	NAME OF First Middle	Lest 4, DATE Month Dey Year
	DECEASED	OF
	(Type or print)	Caher DEATH MARCH 14 1961
5	SEX 6. COLOR OR RACE 7 MADDIED NEVER MADDIED 8	. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	lest birthdey) Months Days Hours Min.
1/	emale Vilete WIDOWED DIVORCED IN	Ma 94 1614 EQ yes, Months Days Months
1 20	Childre while	144.22.1701
10	e. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	Y 1. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
0,	1/	Kussea 122 SA
	Housewite	Kursia 0 510
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Wat II.	711.2 1/
1	Vol Account	not superin
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	NFORMANT Address
(Y	es, no, or unkown) (lifyes give were reletes of service)	el e
	A	un varer - same
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)	1 INTERVAL BETWEEN
		ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	OR (4110BLASTOMA) 4/mos
	193 8	
	DUE TO	
	Conditions, if eny, which (b)	
	gava rise to immediate cause	
1	(a), steting the underlying DUE TO	
	(6)	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Ē	No ONARY When In	YES NO XI
	CORE	
CERTIFI		(Enter nature of injury in Part I or Part II of item 18.)
2	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
-	(IF ETINEK, NOTIFT MEDICAL EXAMINER)	
3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Homa, farm, † 20f. (City or town) (County) (State)
ĕ	Hour a.m. WhileNot While fact	ory, street, office bldg., atc.)
MEDI	p.m. 19 at work at work	
		161 10 MADE 4 14 10/11 11 11
	21. I certify that (I) (this hospital) attended the deceased from	045
	saw the deceased alive on MARCH 1961, and that	death occured at
	22e. SIGNATURE	ATTENDING MED. STAFF 2 2/6. DATE
	Jeman 104	.D. PHYS. DIRECTOR PHYS. D
	22c. PHYSICIAN'S	22d./ADDRESS 2 1 /
	NAME (Type) FRAGA D TOTT	18 16 Par da La DI Belva 15 Mil
	LEONARD ROLL, 1112	6819-Kerstertorna Rd Bello 15 Md.
-		OR CONTRACTORY LOCATION (CIT 41
23		OR CREMATORY 23d. LOCATION (City town or county) (State)
1	JEMOVAL (Specify 7-15-61 arken	glow Batto Ma
16	water	10 00000 1100
24	UNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
15	TRUCKETTED OUR ZION GUTTAN	DATE MAR 1 6 '61 arthur 8. Kindles
Y	and the such	DATE MINE I W OI COMMIN 2, TOWNS

. 4. Explained Color Have a south Bound Heart Colo Company of the second Period State of the state of th Mediana 105 P. " Commence Julius Faker - Laman ELM BLOWN TEMEST GLOBERSTOWN - HINES Proposition Colory Street Color - 12 A MANNEY THE ESTAT E Jay Cangles LEVERTED THORE, AND GRAND CROSS RILLIAM IS FOR Grade 2-15-61 etchangten Batto Mile freed actives the zero Estars the most of the

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

2734

02715

1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who a. STATE Maryland	b. COUN		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ROCKdale	OF STAY IN 16		utside corporate limits, write	e RURAL and give nec	arest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTRUTION 3512 Rolling Rd. Balto. 7		d. STREET ADDRESS 3512 Rollin	g Rd. Balto.	7	e. IS RESIDENCE ON A FARM? YES NO 🔼
3. NAME OF First DECEASED (Type or print) Mr. Charles	Middle W • Gs	Lost Arrison	4. DATE MOP DEATH MATE	Aanth Do	Year 19 61
S. SEX 6. COLOR OR RACE 7. MARRIED NEVE		DATE OF BIRTH June 7, 1877	9. AGE (In year last birthday	IF UNDER I YEAR	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUILduring most of working life, even if retired) Retired-Construction Foreman-C&F 13. FATHER'S NAME		0	or foreign country)	12. CITIZEN O	FWHAT COUNTRY?
John W. Garrison		Phoebe P			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECU (Yes, no, or unknown) (If yes, give war or dates of service) 212-05-	111111111111111111111111111111111111111	ormant s. Evelyn M.			Rd.Balto.
DUE TO Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO THE
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW I 20c. TIME OF INJURY MEDICAL EXAMINER) Hour o. m. 19 While Not wh at work at work	JRRED 20e. PLAC	CE OF INJURY (Home, farm, ory, street, office bldg., etc.	20f. (City or town)	(County)	(Stole)
22a. SIGNATURE Alexand Alexander	and that de	eath accurred a RES	M, fram the causes	471961, the date	
22c. PHYSICIAN'S NAME (Type) Dr. Edwin Pierpont		8204 Liber	ty Rd. Balti	more 7, Md	
REMOVAL (Specify)	of CEMETERY OR dlawn Ceme		23d. LOCATION (City, tow Woodlawn,		(State) Lryland
24. FUNERAL DIRECTOR'S SIGNATURE 87280FF Randal	Siberty Rollstown, 1	oad 250. REC'I	1.0.104	GISTRAR'S SIGNATU	RE

where the second section is the second section of the second section in the second section is the second section of the second section in the second section is the second section of the second section in the second section is the second section of the second section in the second section is the second section of the second section in the second section is the second section of the second section in the second section is the second section of the second section in the second section is the second section of the second section in the second section is the second section of the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the section is the section in the section is the section in the section in the section is the section in the section in the section is the section in the section is the section in the section in the section in the section is the section in the section is the section in the section in the section in the section is the section in the section in the section in the section is the section in the section in the sec

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ALTERNATION OF A THE DEPARTMENT OF HEALTH AND THE BALTHMORE. THE CENTIFICATE OF DEATH STATE STREET AND PERSONAL PROPERTY.

TO HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete and in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 1SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	2736	CERTIFICATE OF DEATH		02717
1	1. PLACE OF DEATH a. COUNTY		E (Where deceased lived, If institution: Resi	idance bafora admission)
	BALTIMORE	MARYLAND O. STATE MAR	YLAND 6. COUNTY	
1	b. CITY OR TOWN (if outside corporata limits, writa RURAL and give nearest town)		outsida corporata limits, writa RURAL and g	iva nearast town)
	CATONSVILLE	14 yrs Im 25d. BALT	IMORE 3	V01-7
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospit	al, giva street eddrass) d. STREET ADDRESS		a. IS RESIDENCE ON A FARM?
-	SPRING GROVE STATE	HOSPITAL 3009 NA	KHILLHVE	YES NO
	3. NAME OF DECEASED (Type or print) ERNEST	Middla Last GIBBONS	4. DATE Month OF DEATH MARCH	7 1961
1	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8. DATE OF BIRTH	9. AGE (In years IF UNDER 1 YE	
	male white WIDOWED	DIVORCED SEPT, 4. 1916	Last birthdey) Months De	ys Hours Min.
1	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County		N OF WHAT COUNTRY
	INSURANCE AGENT	MARY	LAND U	1,5,A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN N.		
1	FRANK GIBBO	MANDE	MARINER	
	(Yas, no. or unkown) (If yas giva war or dates of servica)	OCIAL SECURITY NO. 17. INFORMANT	Address	
	UNKNOUN 214	1-40-3476 RECORDS: SP	ring crove str	HTE HOSP.
	18. CAUSE OF DEATH (Enter only one ceuse per line	1 5 10 11 -	- 1- · t-	ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ite Myocardial -	nfarellow	
	DUE TO		V	
	Conditions, if eny, which (b)			
	(a), stating the undarlying DUE TO			
	cause last. (c)	DIRECT OF STATE OF ST	AL DISEASE CONDITION CIVEN IN BART II	e) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTINUED TO THE SIGNIFICANT CONDITIONS CONTINUED TO THE SIGNIFICANT CONDITIONS CONTINUED TO THE SIGNIFICANT CONTINUED TO THE SIGNIFICANT CONDITIONS CONTINUED TO THE SIGNIFICANT CONTINUED TO THE SIGNIFICANT CONDITIONS CONTINUED TO THE SIGNIFICANT CONTINUED TO THE SIGNIFICANT CONDITIONS CONTINUED TO THE SIGNIFICANT CONTINUED TO THE SIGNIFICANT CONDITIONS CONTINUED TO THE SIGNIFICANT CONTINUED TO THE SIGNIFICANT CONDITIONS CONTINUED TO THE SIGNIFICANT CONTINUED TO	RIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA	IL DISEASE CONDITION GIVEN IN PART I	PERFORMED?
	200. ACCIDENT WAS UNDERLYING 20b. DESCR	RIBE HOW INJURY OCCURED. (Enter neture of injury In Pa	urt t or Part II of itam 18)	YES NO
	OR CONTRIBUTING CAUSE OF DEATH OF IT THE CONTRIBUTION CO	IBE HOW INJURY OCCURED. (Ential netura of Injury In Fa	it for fait it of ham to.)	
		JURY OCCURRED 20e, PLACE OF INJURY (Home, farm,	' 20f. (City or town) (County	(Stata)
	Hour a.m. While	Not Whila factory, streat, office bldg., etc.)		
			946 10 march 17, 196	1 sh-4 (1) (sup) las
	21. 1 certify that (I) (this hospital) attende	19		
	226. SIGNATURE		, Holl the educes and on the	22b. DATE
	I se K (bruzag	ATTENDING ME PHYS. DIF	ED. STAFF	SIGNED
	22c. PHYSICIAN'S	22d. ADDRESS		10000.
	CNAME (Type) JOSE R. AR	IZAGA, M.D. SPRING C	GROVE STATE H	OSPITAL
Ĉ		23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town or county)	(State)
1	MY (Specify) 3/19/61	Emmanuel Cemetery	Somerset Co. N	/d.
	24 FUNERAL DIRECTOR'S SIGNATURE		D BY REGISTRAR 25b. REGISTRAR'S SIC	
:	Hopping and Kirkley, Gl	e Barnie, Md. DATE MA	at a l of cosmo 2.	

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
MAKILAND	SIAIE	DEPARIMENT	Or	HEALIH-BALIIMOKE,	18

2737	CERTIFICA	ATE OF DEATH	1	Reg. Dist. No.	02718
1. PLACE OF DEATH a. COUNTY But	MARYLAND	2. USUAL RESIDENCE (WE o. STATE	b. COUNT	tian: Residence befor	
b. CITY OR TÓWN (If outside corporate limits, write RURAL and give nearest town)	2 S-4M	c. CITY OR TOWN W	outside corporate limits, write	RURAL and give nea	rest tawn)
d. NAME OF HOSPITAL (If not in hospital) give street addre OR INSTITUTION	255)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) I O VA — E	Middle G	1 L L Lost	4. DATE OF DEATH MEL	conth Day	Yeor 196/
) 6/4 20 WIDOWED	DIVORCED [8. DATE OF BIRTH auf 25-1	894 (In year lost birthdoy)	Months Days	Hours Min.
10o. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired)	wn two	ue m	d	12. CITIZEN OF	F WHAT COUNTRY?
13. FATHER'S NAME John Recegoy		14. MOTHER'S MAIDEN N	beth n	ryers	5.
(Yest no. or unknown) (Hyper give war or dates of service)	m c	Ross Gi	el. 130-10	drest	ed
18. CAUSE OF DEATH [Enter only one couse per lime for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(o), (b), and (c).]	-lus	- lef		RVAL BETWEEN ET AND DEATH
Canditions, if any, which agove rise to immediate (b)			0		
couse (o), stating the under- lying couse lost. DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTI				IVEN IN PART 1(a) 19	P. WAS AUTOPSY PERFORMED? YES NO
	HOW INJURY OCCURRED	D. (Enter noture of injury in f	Port I or Part II of item 18.)		
Hour a.m. While _	OCCURRED 20e. PLA Not while fac at work	ACE OF INJURY (Home, form trans), street, office bldg., etc.	20f. (City or town)	(County)	(Stote)
21. I certify that I attended the deceased fralive an March 15, 1961	and that death	occurred at / 35	trck 16, 196 LM, from the causes,	,that I last sa	
ACTUAL SIGNATURE CLARENCE & MCS	101.		ADDRESS (Street, city or town		DATE SIGNED
PHYSICIAN'S NAME (Type)		/	/	1	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c.	NAME OF CEMETERY OF PLEASELY	CREMATORY LOVE	22d. LOCATION (City, town,	or county)	(Stole)
23 FUNERAL DIRECTOR'S SIGNATURE. 74	ADDRESS unipostes	red Madate M	4.60	ISTRAR'S SIGNATURI	_

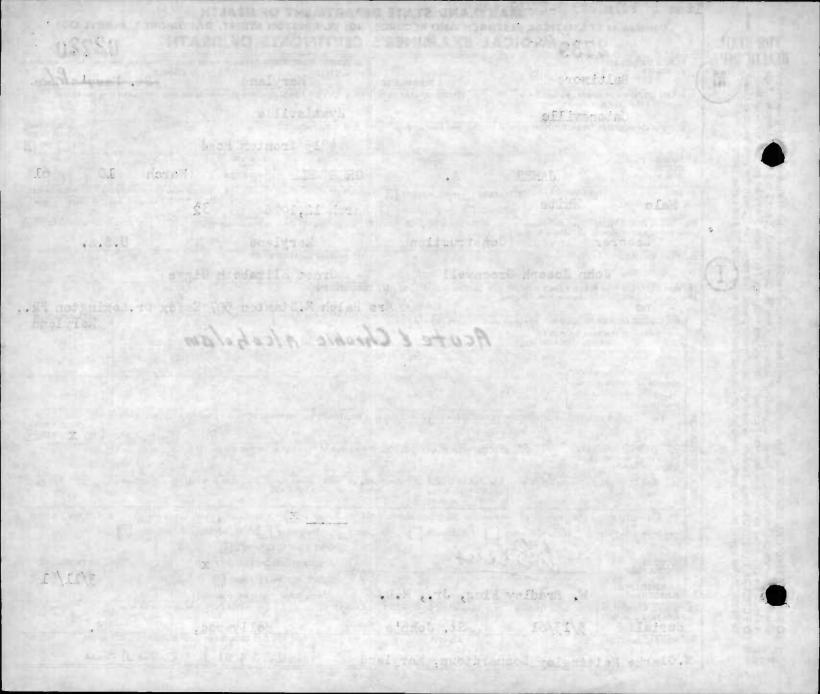
ESS marine			
		The state of the s	

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1m G284 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission a. COUNTY BALTIMORE o. STATE b. COUNTY MARYLAND BALTIMORE b. CITY OR TOWN IIf outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) SSEX ESSEX d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? 207 Margaret Avenue 207 MARGARET AVE, #21. Zone YES NO X 3. NAME OF Middle DATE OF DEATH Month Year DECEASED 2 (Type or print) 5 196 6. COLOR OR RACE 5. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE |In years IF UNDER TYEAR IF UNDER 24 HRS. last birthday) WHITE WIDOWED X DIVORCED T FEMALE yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) RETIRED WORK BALTIMORE, MD. U. S. A HOUSE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOSEPH S. HOLSTON EMILY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 33 SOMUELLER BERTHA E. COOK 15-16-5450 BALTO, 24 MD. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, If any, which gove rise to immediate cause DUE TO (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPS PERFORMED? NO T CERTIFI 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour Not while a. m. at work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and find that death resulted from: Natural equises. Accident . Suicide . Homicide . Undetermined cause . ACTUAL SIGNATURE DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY EXAMINER'S NAME (Type DEPUTY MEDICAL EXAMINER FUN 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) OAK LAWN CEM 9015, CONRESSING **FUNERAL DIRECTOR'S SIGNATURE** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATE MAR 2 7 '61 ariling S. Thous BALTO, 24, MD 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

			2000	
The state of the s			TO MERCANI	
		O DESIGNATION OF		
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				ACCESSED IN
	District to skin			
The way of the Carlot				

The second second		2739 MEDI	CAL EXAMINER'S	CERTIFICAT	E OF D	EATH	02	720	
XI.	PLACE OF DEAT			2. USUAL RESIDENCE	E (Where decee	sed lived, If in		ce before	dmission)
1)	Ba	ltimore	MARYLAND	Maryl Maryl	land	B. COUNT	St. Mar	yl s. Ir.	:6eo.
1		(if outside corporate limits, d give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outsida corporate	e limits, write	RURAL end give I	neerest tow	vn)
		tonsville		Hyattsvill	e	16	36.	- ~	
1	d. NAME OF HOSP	ITAL OR INSTITUTION (if a	not in hospital, give streat address)	d. STREET ADDRESS					A FARM?
				4813 Tren		-		YES _	NO X
3.	NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Dey	Yee	1-
	(Type or print)	JAMES	Α.	GREENWELL	DEATH	Marc		19	61
5.	Male	6. COLOR OR RACE 7.	MARIOLD MEYER MARIOLD	B. DATE OF BIRTH	le		Months Deys	Hours	R 24 HRS.
		1		March 12,1928	3 .	32 yrs.			
10 de	a. USUAL OCCUPA one during most of w	TION (Give kind of work orking life, even if ratired)	106. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State o	r foreign country	/)	12. CITIZEN O		COUNTRY?
	Labor	rer	Construction	Maryla			U.S.	A.	
13	. FATHER'S NAME			14. MOTHER'S MAIDEN N					
		John Joseph		Grace Eli	zabeth				
		VER IN U.S. ARMED FORCE (Ifyesgivewarordetesofserv	rice)	INFORMANT		Address			
	no			Ralph E.Star	iton 507	Essex	Dr.Lexi	ngtor	Pk.
		DEATH (Entar only one ca TH WAS CAUSED BY:	use per lina for (a), (b), end (c).]	1	, ,		INT	以大规	ATTA
	PARI I. DEA	IMMEDIATE CAUSE (e)	Acute & C.	brohic Alc	ohold	SM			
	322	. O DUE TO							
15	Conditions, if an								
	gava rise to imma-	> DUE TO							
	ceuse last.) (c)_							
NO NO	PART II. OTHI	ER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	AL DISEASE CON	NDITION GIVE	N IN PART 1(a) 1	9. WAS A	NUTOPSY DRMED?
12	The Contract of							YES 💢	NO [
10	20a. EXTERNAL C		. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury In Part	or Part II of iter	m 1B.}			
RTIFICA									
1 CERTIFICATION	100								(Stata)
	20c. TIME OF INJ			ACE OF INJURY (Homa, farm, tory, street, office bldg., atc.)	20f. (City or	town)	(County)		(31010)
MEDICAL CERTIFICA	20c. TIME OF INJ Hour a.m. p.m.	URY Month, Dey, Year	Whila Not While fac	tory, street, office bldg., atc.)	20f. (City or	town)	(County)		(31618)
1	20c. TIME OF INJ Hour a.m. p.m.	URY Month, Dey, Year	WhilaNot While fac	tory, street, office bldg., atc.)	20f. (City or	town)], Inquiry		in my c	
1	20c. TIME OF INJ Hour a.m. p.m.	URY Month, Dey, Year 19 that I took charge of	While Not While face work at work the remains described above, he	tory, street, office bldg., atc.)	nspection [/, and	in my c	
1	20c. TIME OF INJ Hour a.m. p.m. 21. I certify	URY Month, Dey, Year 19 that I took charge of from: Natural caus	While Not While et work the remains described above, he ses Accident . Suice	eld an Autopsy X,	nspection	, Inquiry	/, and	in my c	
1	20c. TIME OF INJ Hour a.m. p.m. 21. I certify	URY Month, Dey, Year 19 that I took charge of from: Natural caus	While Not While face work at work the remains described above, he	eld an Autopsy X, I	nspection	, Inquiry ermined ma	anner	in my c	ppinion
1	20c. TIME OF INJ Hour a.m. p.m. 21. I certify death resulted ACTUAL SIGNATURE EXAMINER'S	URY Month, Dey, Year 19 that I took charge of from: Natural caus	Whila Not While st work the remains described above, he ses . Accident . Suice	eld an Autopsy X. I	nspection, Undet	, Inquiry ermined ma	anner _		pinion
MEDICAL	20c. TIME OF INJ Hour a.m. p.m. 21. I certify death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type)	URY Month, Dey, Year 19 that I took charge of from: Natural caus W. Bradle	while Not While st work the remains described above, he ses Accident . Suice y King, Jr., M.D.	eld an Autopsy X, I cide , Homicide CHIEF MEDICAL E M.D. ASSISTANT MEDIC DEPUTY MEDICAL Address (Street, ci	nspection, Undet]. Inquiry ermined ma	anner D	3/11/	ppinion SNED
WEDICAL	20c. TIME OF INJ Hour a.m. p.m. 21. I certify death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) a. BURIAL, CREMATI REMOVAL (Spacif	We Bradle ON, 22b. DATE THEREOF	while of work of the remains described above, he ses, Accident, Suice, Suice, M.D. Y King, Jr., M.D. 22c. NAME OF CEMETERY O	eld an Autopsy X. I cide Homicide CHIEF MEDICAL E. M.D. ASSISTANT MEDICAL Address (Street, ci	AMINER CALEXAMINER	Inquiry Inquiry I (City, town,	anner D	ATE SIG	ppinion SNED
MEDICAL	20c. TIME OF INJ Hour a.m. p.m. 21. I certify death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) a. BURIAL, CREMATI REMOVAL (Spacif Burial	W. Bradle ON, 22b. DATE THEREOF	while of work of the remains described above, he ses, Accident, Suice, Y King, Jr., M.D. 22c. NAME OF CEMETERY O St. John's	eld an Autopsy X. I cide	nspection, Undet	Inquiry Inquiry It (City, town,	or country)	3/11/ (State	ppinion SNED
WEDICAL 2:	20c. TIME OF INJ Hour a.m. p.m. 21. I certify death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) a. BURIAL, CREMATI REMOVAL (Spacif BURIAL) 3. FUNERAL DIRECTOR	W. Bradle ON, 22b. DATE THEREOF	while of work of the remains described above, he ses, Accident, Suice, Suice, M.D. Y King, Jr., M.D. 22c. NAME OF CEMETERY O	eld an Autopsy X, I cide , Homicide CHIEF MEDICAL EX M.D. ASSISTANT MEDIC DEPUTY MEDICAL Address (Street, ci	AMINER CALEXAMINER	Inquiry (City, town,	or country)	3/11/ (State	ppinion SNED



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2740 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02721 Reg. Dist. No.

		NI ACC OF BEACH		O SIGNAL PROPERTY OF		
		PLACE OF BEATH o. COUNTY	NORTH ASSESSMENT	O. STATE MAN AND IN		ian: Residence before admission)
		BALTIMORE	MARYLAND	0. SIAIE M/187	LERO b. COUNTY	1515 UTIN DIZE
1	Ŀ	o. CITY OR TOWN (If outside corporate limits, write RURAL	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write	RURAL and give nearest town)
1		DIPLEALK	10 MO -	DUNDI		X
2/	-	J. NAME OF HOSPITAL OR INSTITUTION (If not in hospite	ol. give street address)	d. STREET ADDRESS		e. IS RESIDENCE
		7525 LAW RENCE	e mai	4575 1	burence	PO YES NO N
	2					A TELL ROLL
		NAME OF DECEASED First	Middle	Last	4. DATE Month	Day Year
	_	(Type or print) FICANCES	W.	C-RETIT	DEATH /// 19/20/-	+ / 196/
	5. 9	6. COLOR OR RACE 7- MARRIED	NEVER MARRIED 8.	DATE OF BIRTH	1 . 11 . 1	IF UNDER TYEAR IF UNDER 24 HRS.
	the	EMALE WAITE WIDOWED	DIVORCED	1AR-18-188	5 75 yrs.	Months Days Hours Min.
	10a	. USUAL OCCUPATION (Give kind of work done 10b. KIN	D OF BUSINESS OR INDUST	11. BIRTHPLACE (State of	r fareign country)	12. CITIZEN OF WHAT COUNTRY?
		during most of working life, even if retired)		Altitud (IFRSEY	V.SA
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
T		MILLARN # DE	00000	人 4 4 7	1 1	
1	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SO	CIAL SECURITY NO. 17. IN	FORMANT	Address	
		(If yes, give war or dotes of service)	CIAL SECURITI NO. 17. WA	PORMANI	Address	
- 11		160-	154	FIFE H.O.	166713 1381	PAMBENG BU
		18. CAUSE OF DEATH [Enter only one cause per line for	(a), (b), and (c).	(C)	')	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY:	Rondry (OccLUS	1011	
		DUE TO				
	64	Canditions, if any, which) (b) A-	5-0-01	1) isen	2	-
		gave rise to immediate cause				
65		(a), stating the underlying DUE TO				
	7		TRIBUTING TO BEAT BUTTON	OT 051 ATED TO THE STOLE.		
	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONT	IKIBUJING TO DEATH AUT N	OI KETATED TO THE TERMIN	HALDISEASE CONDITION GIVE	PERFORMED?
90	U					YES NO D
95.	RTIF	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE H	ON INJUNY OCCURRED. (E	iter nature of injury in Part	l or Part II of item 18.)	
15.0	CERTI	CAUSE OF DEATH.	VO			
	S			E OF INJURY (Home, form,	20f. (City or town)	(County) (State)
	MEDI	Hour a.m. While at work	ot work	ry, street, affice bldg., etc.)		
	4	21. I certify that I took charge of the ren		o hold on Autonia	D leasonting D	1
			/			
		death resulted from: Natural causes	Accident [], Suic	ide [], Homicide	, Undetermined co	ouse [].
		1 Anna				DATE SIGNED
1		ACTUAL SIGNATURE	vis	M.D. CHIEF MEDICAL EXA	MINER -	O I
	10			ASSISTANT MEDICAL	L EXAMINER 🗍	Hali.
		EXAMINER'S M. B. DAVIS-	m.p.	DEPUTY MEDICAL EX	CAMINER D	18/61
	22a	BURIAL, CREMATION, 22b. DATE THEREOF 22	c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town, or	r county) (State)
)	7	REMOVAL (Specify) 3/9/6/0	941- 1 KILL		COUGATE	mo
1	23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24g, RFC'D		TRAR'S SIGNATURE
0	11	1/1	Harman Ann	TILIZ- DATE MA		riling S. Kraus
7	1	WICH FUNERAL	ワロアル - 17011	THE PARE IN		

VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. COUNTY b. COUNTY ral director. Page Health, is necessary, Baltimore MARYLAND Maryland b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) 0 Dundalk Dundalk d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) Boar Page 5 may be retained for and 2 with the State Bon 72 hours, after death. 683 S. Avondale Street S. Avondale Street DATE NAME OF Middle OF DECEASED in pencil in Item 18. Give Pages 1, 2, and 3 to the (Type or print) DEATH March WILFORD GRIFFIN death. 9. AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Mal e Colored WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) PM3. Page done during most of working life, even if retired) ServiceMan pages | within 13. FATHER'S NAME 16. SOCIAL SECURITY NO. | 17. INFORMANT File form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unkown) | (If yes give war or dates of service) Mns Shirley Griffin 6835. Avondale St. with certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). Office along w burial-transit p PART I. DEATH WAS CAUSED BY: Hemopericardium IMMEDIATE CAUSE (e) ruptured aorta due to idiopathic medianecrosis of removal. aorta Conditions, if eny, which Examiner's (geve rise to immediate cause DUE TO (a), stating the underlying On, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) should be rial, cremati Medical 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: CAUSE OF DEATH. arded to the Chief N RECTOR: Page 3 sh agent, prior to burial 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Day, Yeer 20f. (City or town) factory, street, office bldg., etc.) While Not While at work et work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry should be forwarded to FUNERAL DIRECTOR agent, Natural causes Accident Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Russell S. Fisher, M.D. plnods Address (Street, city, town, or county) 22a. 8URIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 240 p 0 1241121 VS. A15ME DATEMAR 5M 7/59

Baltimore

Dev

5.

. IS RESIDENCE

YES NO

1961

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

ONSET AND DEATH

PERFORMED?

(State)

YES NO

and in my opinion

DATE SIGNED

(State)

3/6/61

(County)

ON A FARM?

Marie Town or the state of the The Shine was a visit of musicas to alter as in their o bitters to 8 astrono nation mentions · To A THE STATE OF THE STATE O The sale with the sale with the sale with

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after 55 death. You can be retained by the hospital or attending physician. You can be retained by the hospital or attending physician. You can be an accomplete that the serificate has been signed by the attending physician and complete the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MARYLAND STATE	DEPA	KIMENI OF	HEALI				
	DIVISION OF STATISTICAL RESEARCH AND RECORD CERTIFICA I tem 1 C Film G283	TE C	F DEATH	STREET,	BALTIMORE	1, MAR	12723	
1.	PLACE OF DEATH		USUAL RESIDEN	CE (Whare da	caasad lived, If in	stitution: Rasi	idenca bafora a	dmission)
	BALTO. MARYLAN	NID	a. STATE /M		b. COUNT	P. G.		V
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN write RURAL and give nearest lown) PING ADVE 405P. 2 da	V 16	c. CITY OR TOWN ((If outside corp			iva naarest tow	10-
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		d. STREET ADDRESS	vn /	112.		a. IS RE ON / YES	A FARM?
3.	NAME OF DECEASED (Typa or print) EDWARD S. GROE	BAK	Last	4. DATE OF DEATH	MARC		Day Yeer	6/
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	3 8. D.	113/65	9	last birthday) yrs.	Months Da	ys Hours	Min.
10a	b. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	DUSTRY	II. BIRTHPLACE (Cour	,	foraign country)		N OF WHAT C	OUNTRY?
13.	FATHER'S NAME	1 14	MOTHER'S MAIDEN	NAME				
	VALENTINE GROBAKER		FRANCE	5 FIE	205			
15 (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.		ORMANT		Addrass			
	No No	CAL	IVIN S.	GROC	BAKER		SON	
	B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY	· A	LTERY	DISE	BSE		INTERVAL BET ONSET AND E	
	Conditions, if any, which (b)							
	gava risa to immadiate cause (a), stating the undarlying cause last, (c)							
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	UT NOT R	ELATED TO THE TERMI	NAL DISEASE	CONDITION GIVE	N IN PART 1	PERFO	UTOPSY RMED?
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURED. (E	nter natura of injury in	Part I or Part I	of item 18.)	333	1	
MEDICAL	20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20d. Hour a.m. Whila Not Whila at work at work at work		OF INJURY (Home, fare street, office bldg., at		y or town)	(Count)	r)	(Stata)
	21. I certify that (I) (this hospital) attended the deceased fit saw the deceased alive on MAR. 7. 19.61., and	rom. M.	AR.15-	19.6/, to	MAR, 1.7 the causes a	, 19.6. and on the	date stated	d above.
	228. SIGNATURE Patrick K. Yip	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			SIGNED
	22c. PHYSICIAN'S NAME (Type) PATRICK K. YIP		22d. ADDRESS	ING G	NOVE STO	TE Has	spirol.	BALTO
23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEME REMOVAL (Spacify) 3/21/61 LORRAYA SURIAL 2000 REMOVAL			B	ATION (City, tow.	0, /	nd.	lata)
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS			MAR 2 0	TRAR 2Sb. REGI	istrar's sic		
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

4 may be retained by the hospital or attending physician.

5 IO FUNE AL DIRECTOR: After this certificate has been signed by the attending physician and completed the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	274	3	CERTIFICAT	E OF DEATH			02724
1. PLACE OF DEATH a. COUNTY	timore	0	MARYLAND	2. USUAL RESIDEN		d lived, If Institution b. COUNTY	Residence before edmission
b. CITY OR TOWN (if outside corporete limit give neerest town)	its,	c. LENGTH OF STAY IN 16			imits, write RURAL	and give nearest town)
Fort How	vard	if not in ho	20 days	Baltime	ore		e, is residence
Veteran	Administr	ation	Hospital	1100 E.	. Hoffman	Street	YES NO X
3. NAME OF DECEASED (Type or print)	HUGO		Middle	GRUHN	4. DATE OF DEATH Ma	Month	Dey Yeer 1961
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGI	(In years IF UNDE	R 1 YEAR IF UNDER 24 HRS
Male	White	WfDOW		10/21/89	73	yrs.	
On. USUAL OCCUPAT done during most of we	TON (Give kind of work orking life, even if retire	k 10b. l	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Coun	ity & State, or foreig	n country) 12. C	CITIZEN OF WHAT COUNTR
Warehouser 13. FATHER'S NAME	nan	B	akery	Baltimore,	Maryland		J.S.A.
1S. WAS DECEASED EV (Yes, no, or unkown) (I	lfyes give wer or detes of s	service)		Whilamen: INFORMANT Clin: OO Loch Raver	ia Winkler ical Recor	Address VA	Hospital D
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a) PINTS 7, which iate ceuse	BRON EMP	CEMA, RIGHT PL Due to (a)			STULA, RT	onset and death 25 days 20 Days Unknown
	R SIGNIFICANT CONDI		NTRIBUTING TO DEATH BUT N			ITION GIVEN IN PA	
OP. CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		SCRIBE HOW INJURY OCCUR	D. (Enter neture of injury in	Part I or Part II of ite	m 18.)	
20c. TIME OF INJU	19	Whii at wo	le Not While fa	ACE OF INJURY (Home, ferr ctory, street, office bldg., etc	.)	wn) (C	ounty) (State)
21. I certify to	that N) (this hospi sed alive onMa	tal) atter	219.61., and the	Feb. 20	1961, to Man		of 1., that (1) (we) late the date stated above
22e. SIGNATURE	Im D. 9	Pash	est mo			AFF IYS. X	22b. DATE SIGN 3/12/61
22c. PHYSICIAN'S NAME (Type	JOHN D.	PALBEI	RT, M.D.	Balt hmore			Blvd. HOWARD DIVIS
23a. BURIAL, CREMAT REMOVAL (Specify	ION, 23b. DATE THE		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, town or cou	unty) (Stete)
Burial	010	01	Baltimore Na	tional Cemete	ery Balt	rimore	Maryland
24 FUNERAL DIRECTO	R'S SIGNATURE		ACD DESC.	* 70 *	R 1 5 '61	25b. REGISTRAR'	s SIGNATURE TAND

MARYLAND STATE DEPARTMENT OF HEALTH

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TO HOSPICAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the death, se 4 may be retained by the hospital or attending physician.

Yes death, se 4 may be retained by the hospital or attending physician.

Yes TO FUNZAL DIRECTOR: After this certificate has been signed by the attending physician and comple filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. within 24 hours after

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MAR DIVISION OF STATISTICAL RESE	YLAND STATE DE	PARTMENT O	F HEALTH N STREET, B	ALTIMOI	RE 1. MAR	YLAND	
2744	CERTIFICAT	OF DEATH				0272	5
PLACE OF DEATH		2. USUAL RESIDEN	ICE (Where decease			ence before e	dmission
Baltimore	MARYLAND	e. STATE Mary	land	b. COUNT		ington	
b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate	limits, write	RURAL end giv	re neerast tow	n)
write RURAL and give nearest town) Owings Mills	6 mos.	Hage	rstown		0	210	3 2
d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospitel, give straet address)	d. STREET ADDRESS					SIDENCE A FARM?
Rosewood State Tra:	ining School	722	West Wash	ingtor	Stree		NO V
NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	D		
(Typa or print) Randy	Lvnn	Guessford	DEATH	3	1	5 19	61_
. SEX 6. COLOR OR RACE 7. MARR		. DATE OF BIRTH	9. At		Months Day		24 HRS.
Male White WIDOV	/ED DIVORCED	5/22/58		2 yrs.	Months Day	Hours	MIII.
	KIND OF BUSINESS OR INDUSTR		nty & State, or fore		12. CITIZEN	OF WHAT	OUNTRY?
dependent	none	Washington	Co. Mar	vland	U	S.A.	
3. FATHER'S NAME	210110	14. MOTHER'S MAIDEN	NAME				
Robert Lee Guessford		Ester Ro	chell Haw	kins			
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 1	S. SOCIAL SECURITY NO. 17.		0110-1	Address			
(Ifyasgivawarordetesofsarvice)		Rosewood	Records	Owins	s Mill	s. Md.	
18. CAUSE OF DEATH [Enter only one ceuse pe	r line for (a), (b) end (c).]			^		INTERVAL BET	
PART I. DEATH WAS CAUSED BY:	ron chopu	aum ou	ia an	of o	448		
49 1 × DUE/6	0.	0	0	1	1		
Conditions, if eny, which (b)	edia con	- plicas	d'ay	Dra	in		
geve rise to immediate cause	\	1					
ceuse lest. (c)	Lamage						
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DENTH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CO	NDITION GIV	EN IN PART 1(e	19. WAS A	NUTOPSY ORMED?
						YES A	NO [
20e. ACCIDENT WAS UNDERLYING 20b. D	ESCRIBE HOW INJURY OCCURED). (Enter neture of injury in	Pert I or Pert II of	item 18.)			
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
20c. TIME OF INJURY Month, Dey, Year 20c		CE OF INJURY (Home, fee		town)	(County)		(State)
Hour a.m. Where the state of th	1401 14 11110	tory, street, office bldg., et	c.)				
21. I certify that (I) (this hospital) atte	anded the deceased from		19 . to		. 19	that (1)	(we) last
saw the deceased alive on							
22e. SIGNATURE	Δ	debili occursa ar.	a.yy, peace.			221	DATE.
Out W Rice	lead "	A.D. ATTENDING PHYS.	MED.	STAFF PHYS.		3-16	SIGNED
22c. PHYSICIAN'S NAMO (Typh) W. Rie	ckert	22d. ADDRESS +307	Main	1.20	Oug	Bal	4019
3a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	N (City, toy	yn or county)	(5	itata)
Benoval (Spacify) 3-18-61	Cedar Favon	Men. Far	den He	zgers	lown	7	ed
4 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. R	EC'D BY REGISTRA		GISTRAR'S SIG	NATURE	
Scott 7 Minnich volo	n Hagerolow	x md. DATE!	MAR 21 '61	a	rihur S. 1	Truck	
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C		1	1	1	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2726

1. PLACE OF DEATH o. COUNTY Bal	timere		MAI	RYLAND	2. USUAL RESIDI	ENCE (Whe		ed lived. If insti b. COUN	YTY	time		on)
RURAL ond give ne Dun	dalk (22	2)	c. LENGTH OF STA		c. CITY OR TO		utside corpo	orote limits, writ				
OR INSTITUTION	AL (If not in hospital, g		oddress)		s. STREET AD		way	Avenue				DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Fin		Midd		HALE		4. DATE OF DEATH		wonth	.6th		'ear 9 61
s. sex	6. COLOR OR RACE	7. MARR			B. DATE OF BIRTH	0.18	66	9. AGE (In year last birthday	y) Months	R 1 YEAR Days	IF UNDE	R 24 HRS. Min.
100. USUAL OCCUPATIO	ON (Give kind of work of king life, even if retired)	one 10b.			STRY 11. BIRTHPLA	ce (Stote o	or foreign o			USA	F WHAT	COUNTRY
	m Emberg					Han	nah	(unkn				
15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s	ervice)	SOCIAL SECURITY N		informant Ina Goch	nour	8	ame as	Address #2			
CATIG	mmediate (DITIONS C	ONTRIBUTING TO E							RT 1(0) 1	PERFO	RMED?
-	Y Month, Doy, Yes	While	NJURY OCCURRED Not while	20e. Pl	ACE OF INJURY (H ctory, street, office	ome, farm, bldg., etc.)	20f. (Cit	y or town)		(County)		(State)
actual SIGNATURE	at I attended the	Jae	er and the			:45P A Dun	ran		wn, state)		e state	
220. BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREC		22c. NAME OF CE		R CREMATORY		22d. LOCA	TION (City, tow	n, or county)		(Stote	
23. FUNERAL DIRECTOR' Walter Br	S SIGNATURE	- 11	ADDRESS		Memori lk 22,Md	24a. REC'D		nstown TRAR 246. RE	egistrar's s	IGNATUR	E	a

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(CE) #440.000	.cut 01 (35) Meahand
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a Manorian I dobnatown, Fearur Svente	unital 1 20/60 Porent ton
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be fined by the haspital or attending physician.

D FUNER ORECTOR: After this certificate has been signed by the attending physician and campletely filled the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		2746		CERTIFIC	CATE	OF DEATH				027	27
	LACE OF DEATH	Baltimore		MARYLA		o. STATE Maryla		l lived. If institution b. COUNTY			ssion)
	Eaines		ils, write	c. LENGTH OF STAY IN	1 16	CITY OR TOWN (IF o	utside corpo		URAL ond give	nearest to	vn)
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g				d. STREET ADDRESS	E. Jo	ppa Road			SIDENCE A FARM?
	NAME OF DECEASED (Type or print)	Frank	rst	Middle Bernard		lost Hamson	4. DATE OF DEATH	Mon	March		Yeor 1961
S. 5	Male	6. COLOR OR RACE White	7. MARE	ED DIVORCED		oate of birth ec. 30, 1878		9. AGE (In years lost birthday) 82 yrs.	Manths Day		1
	Stone ma	king life, even if retired	dane 10b.		0.	11. BIRTHPLACE (Stote Mary)	and	ountry)	12. CITIZEN		COUNTRY?
13.	FATHER'S NAME	John Hill H			1	14. MOTHER'S MAIDEN N		uise Ster	.7		
	WAS DECEASED EVE		CES? 16.	social security no. 3-09-6171A	Mr.			Add	ress Cat		
	Canditions, if o gove rise to i cause (a), stating lying couse lost.	mmediate (Gene	ter	Diel med) f.	Corono	m	20	7,
ICATION						T RELATED TO THE TERMIN	2_		EN IN PART 1(c	19. WAT PERF YES [ORMEDA
L CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED. (I	Enler noture of injury in P	Port I or Port	III of item 1B.)			
MEDICA	20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Day, Ye	While	NJURY OCCURRED Nat while of wark	0e. PLACE factory	OF INJURY (Home, form, y, street, affice bldg., etc.	, 20f. (City		(Cour		(Stote)
	21. I certify that) attend	led the deceased fr		th accurred at ZA	, .ta .M, fram		6, 1961, and an the de		
	220. SIGNATURE	Doe	ph	F. hili	n_M.D		ED.	STAFF PHYS.		3/	26. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	Joseph F.	LiPi	ra M. D.		22d. ADDRESS	hor	ana	ven l	32rd	Balls
230	BURIAL, CREMATIC REMOVAL (Specify) Burial	3/9/196	OF 1	23c. NAME OF CEMET				CON (City, town,	ity, Md		ate)
24.	FUNERAL DIRECTOR	SIGNATURE	e.C. 7	ADDRESS Caton	svil		MAR 8		STRAR'S SIGNA		

MIASO SO BIADRIMED ACC 1 1 2 2 2 , the state of a little and the control of the party of the control of the same

TO HOSFITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 1994 and be retained by the hospital or attending physician.

TO FULLIBAL DIRECTOR: After this certificate has been signed by the attending physician and complete filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, 2747 CERTIFICATE OF DEATH

1. PLACE OF DEATH				2. USUAL	RESIDEN	CE (Where da	aceesed lived, If	institution: Resi	dance before	admission)
• county Balti			MARYLANI	e. STATE	Mar	yland	b. COU	NTY Hari	ford	
b. CITY OR TOWN (if our write RURAL and give		, с.	LENGTH OF STAY IN 1	c. CITY C	OR TOWN (If outside corp	orate limits, writ	e RURAL and g	ve neerest to	own)
Catonsv		PVT	r26dys	Bel A	ir. Mi	ary land	4		1	1 X-
d. NAME OF HOSPITAL				d STREET	ADDRESS	ary raire			l n. IS	RESIDENCE
SPRING GRO		HOSPI				313 - H	Route #2		01	NA FARM?
3. NAME OF DECEASED	First		Middle	Last		4. DATE	Mont	h E	Day Ye	ег
(Type or print)		ohn	Martin	Handy,		DEATH	Mai			961
5. SEX 6.	COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIR	TH	9	. AGE (In yeers last birthdey)	IF UNDER 1 YE		ER 24 HRS.
male	white	WIDOWED	DIVORCED	July 2	. 187	7	8 Ars.	Months Dey	ys Hours	Min.
10a. USUAL OCCUPATION done during most of working	(Give kind of work	10b. KIND (OF BUSINESS OR INDU					12. CITIZE	N OF WHAT	COUNTRY?
farmer			Tenant		North	Caroli	ina	II.	S. A	Jen 14 -
13. FATHER'S NAME				14. MOTHER					- 43	
Manna	17			3//= 3		V	4 n			
15 WAS DECEASED EVED I	am Handy	114 500	IAL SECURITY NO. 17	INFORMANT		Margare	et Reeve			
(Yes, no, or unkown) (Ifyes	sgive werordetes of se	rvice) 27 2	22 27/17	. INFORMANT			Addres	•		
no		unk	Rown 141 F	ecords:	SPRI	NG GRO	OVE STA	TE HOS	SPITAL	
18. CAUSE OF DEA	TH [Entar only one		or (e), (b), and (c).]						INTERVAL E	
PART I. DEATH W			- 10			1			ONSET AN	DEATH
LIA IMA	AEDIATE CAUSE (0)_	C.	V. A. (Cer	epral He		age /				
72	DUE TO							A		
Conditions, if eny, w	vhich (b)	Art	eriosclerot	ic Aorti	c Val	vular 8	Stenosis	5		
geva rise to immediate	DITE TO									
(e), steting the under	riying					. 7 . 70.5				
) (c)_	Arte	eriosclerot	ic Cardi	ovasc	ular D	LSease		1. 40 1./44	ALIZODOV
PART II. OTHER SIG	GNIFICANT CONDITI	ONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GI	VEN IN PARI 1(PER	FORMED?
5 Chronic	Brain Syno	drome as	ssociated w	ith Cere	bral .	Arterio	clerosi	S	YES	NO X
PART II. OTHER SIGN Chronic Chronic 200. Accident WAS OR CONTRIBUTING UR EITHER, NOTIFY ME	CAUSE OF DEATH	20b. DESCRIBI	HOW INJURY OCCU	RED. (Enter nature	of injury in	Pert I or Part II	of item 18.)			
				a tor or ability		1 001 101		10		(Stete)
20c. TIME OF INJURY Hour a.m.	Month, Dey, Yeer			PLACE OF INJURY			y or town)	(County	,	(21616)
¥ p.m.	19	et work	et work							
21. I certify that	(I) (this hospita	al) attended	the deceased fro	Feb.	24	19.61 to	3-4	. 19.6	1. that (1)	(we) last
saw the deceased						mm				
	anve on	G1141	ال ماله ريلوني، 17 ا	iai dealli occu	ited alG	ווסוו פיפישי	i ilia cadsas	and on me		2b. DATE
22e. SIGNATURE	1//	1-	X X	ATTENDI		MED	STAFF		2.	SIGNED
1 12	K (t	18,00 GE	11.	M.D. PHYS.		DIRECTOR	PHYS.	Ma	arch 5	, 1961
22c. PHYSICIAN'S	1	1	1	22d. AD	DRESS S	PRING	GROVE .	SPATE H	HOSPIT	AL
NAME (Type)	JOSE R	. ARIZA	GA			Catons	ville 28	3. Md.		
23e. BURIAL, CREMATION REMOVAL (Specify)	, 236. DATE THERE		. NAME OF CEMETER	Y OR CREMATO			ATION (City, to			(Stete)
Burial	Mar.8,196	51	Mt. Zion			Be	l Air	Harfor	d I	Md.,
24 FUNERAL DIRECTOR'S			ADDRESS	-	250. REC	O'D BY REGIST	TRAR 25b. RE	GISTRAR'S SIG		,
1	m41-	area	Ah.	1 1/12	A DATE .	1 0 104				
1 100ana	111 61	The contract of	ou enga	1000	TOA MAR	1 0 '61	Ch	Vin S. The	www.	

A STATE OF THE PARTY OF THE PAR Janan savent joingle! ---of (manufactural Educations) () A H of the Burini Mar. B, 1961 Mt. 21on 301 Mir Herford Mi., IO HOSELTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

\$\frac{5}{2} \times \text{death}\$. \$\frac{5}{2} \times \text{director}\$. After this certificate has been signed by the attending physician and complete the complete of the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be diled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DIVISION OF STATISTICAL RESEARCH AND RECO	ORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
2748 CERTIFIC	All O. DIAII	02729
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institutions Res	dence before admission
Baltimore MARYLI	and Maryland b. COUNTY	SHE ANNE
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end g	ive neerest town)
Fort Howard 3 Days	Centreville 7X	-3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street addrass		a. IS RESIDENC
Veterans Administration Hospital	Route 3, Box 123	YES X NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month OF	Day Yeer
(Type or print) PERRY F.	HANDY DEATH March 23	19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YE	
Male Colored WIDOWED X DIVORCED	December 11,1891 69 yrs. Months De	ys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		N OF WHAT COUNTRY
Farmer Retired Farming	Queen Annes County, Md. U. S	. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William Handy	Mary Gould	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.		
(Yes, no, or unkown) (If yes give wer or detes of service) Yes WW I 213-24-4813	Clinical Regords, VAH, Baltimore 18, Fort Howard Di	Maryland
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Jord Howard Dr	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: DECONORTED TO BE		RECENT
LL CLAN V	The state of the s	TUIGHIL
DUE TO HYPERTE	INSIVE CARDIOVASCULAR RENAL DISEASE	UNKNOWN
Conditions, if eny, which geve rise to Immediate ceusa		
(a), stating the underlying Couse lest. (c) UREMIA DUE TO	(b)	UNKNOWN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF OR CONTRIBUTING CAUSE OF DEATH UNDERLYING FITHER. NOTIFY MEDICAL EXAMINER	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(PERFORMED?
5		YES NO .
200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OF	CCURED. (Enter neture of injury In Pert I or Pert II of item 1B.)	
	20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County factory, street, office bldg., etc.)) (State)
Hour a.m. While Not While et work et work	today) strong office stegg, etc.)	
21. I certify that (X (this hospital) attended the deceased	from March 20 0 161 to March 23 1961	, that ((we) la
saw the deceased alive on March 23 1961 , and	d that death occured at	
22e. SIGNATURE	is man death occurred similarity from the educate and on the	22b. DATE
11/2000	M.D. PHYS. DIRECTOR PHYS.	3/24/67
22c. PHYSTCMN'S	22d. ADDRESS	3/2-1/01
THOMAS F. CRAHAN, M.D.	VAH, BALTIMORE 18, MD., FT. HOWAI	RD DIVISION
236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEM REMOVAL (Specify) Burial 3/27/11 Lauld	AFTERY OR CREMATORY 23d. LOCATION (City, town or county) Centreville, Maryle	and RFD
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	NATURE
temes antiell East.	md DATE MAR 2 9 '61 arily S.	Kraus
	The state of the s	

MARYLAND STATE DEPARTMENT OF HEALTH

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William New American

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within 24 hours TO HOUSTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour death, go 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 director, page 3 should be detached for use as the burial, cremation, or removal, and any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

2749 CERTIFICA	AIE OF DEATH		02730
I. PLACE OF DEATH a. COUNTY		NCE (Whare daceesed lived, If inst	itution: Residence before admission)
Baltimore	a. STATE Maryland	b. COUNTY	V
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY		(If outside corporate limits, write RU	JRAL and give neerest town)
writa RURAL and give neerest town) Fort Howard 3 Days	Baltimo	re	3101-4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS		a. IS RESIDENCE ON A FARM?
Veterans Administration Hospital	4228 Be	lmar Avenue (6)	YES NO
3. NAME OF First Middle	Last	4. DATE Month	Day Yeer
(Type or print) HAROLD A.	HARRISON	OF DEATH March	23 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yeers IF	UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	September 2	4.1893 67 yrs.	onths Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR I		unty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Construction Houses - Boar	ts Tilghman,	Maryland	U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN		0. D. M.
Isaac A. Harrison	Sarah E.	Lowerv	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO	. 17. INFORMANT	Address	-0
Yes (Ifyesgivewerordatesofservice) Yes WW I 218-09-0006	Clinical Reco	rds, VAH, Baltim	ore 18, Maryland oward Division
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).	1	POLU II	INTERVAL BETWEEN
DART I DEATH WAS CALISED BY			ONSET AND DEATH
IMMEDIATE CAUSE (e) BRONCHOPNEUM	ONTH		TUIOLITE
DUE TO		07.037	IDIONOLIN
	ENOCARCINOMA, C	OLON	UNKNOWN
geve rise to immediate couse (a), steting the underlying DUE TO			
cause last. (c) FECAL FISTUL	A, Due to (b)		
THE RESERVE THE PROPERTY OF TH		INAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
EMACIATION Duration Unknow	n- Due to Recur	rent Adenocarcin	oma (b) YES X NO 1
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY O	CCURED. (Enter nature of injury in		
0 200 100	 PLACE OF INJURY (Home, fa. factory, street, office bldg., et 		(County) (Stata)
Hour a.m. p.m. While Not While of work at work			
21. I certify that (this hospital) attended the deceased	from March 20	1961, to March 23	, 19.61, that (I) (we) last
saw the deceased alive on March 23 19.61, an	nd that death occured at		
22e. SIGNATURO	ATTENDING	MED. STAFF	22b. DATE , SIGNED
Thomas Traham	M.D. PHYS.	DIRECTOR PHYS.	3/23/61
THOMAS F. CRAHAN, M.D.	VAH, BALT	EMORE 18, MD., FOI	RT HOWARD DIVISIO
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEN	s Meth. Church	Cem. Tilghman's Talbot Co	Island,
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. R	EC'D BY REGISTRAR 256. REGIS	
	Dolto Md Darra	AD 2 7 104	2 14
Lassahn Funeral Home, 7401 Belair Rd.	Darren . Mr. Lovidi	AR 27'61 Quit	wa & France

(a) umsvAngdallXC 1824 In Lag Epoll (All Mercall de acriera)

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TO FUNEY DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 shauld be detoched far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, or remayal, and in any event, within 72 hours after death.
9/59

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	Balt	imore Co.		MARYLAND	a. \$1	AL RESIDENCE (W		b. COUNTY			re admission)
	RURAL ond give ne	f outside corporate lime earest town) thorpe	its, write	c. LENGTH OF STAY IN 18	c. C	TY OR TOWN (IF		rate limits, write f	RURAL ond	give nea	rest town)
	d. NAME OF HOSPIT	AL (If not in hospital, s		oddress)	d. S	TREET ADDRESS	l Flam	ingo D	r.		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	Clement		Middle H eck athorn		Lost	4. DATE OF DEATH	Mar		10	y Year 19 61
5. 9	Female	6. COLOR OR RACE		RIED NEVER MARRIED DIVORCED	8. DATE		390	9. AGE (In years last birthday) 70 yrs.		Days !	Hours Min.
	Hosew1	ing life, even if retired	done 10b.	KIND OF BUSINESS OR IN	DUSTRY 11.	U. S.	e or foreign co		12. CIT		S. A.
13.	FATHER'S NAME				14. MC	OTHER'S MAIDEN					
	Amos			-		Celest	te Nun				
	s, no, or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of		SOCIAL SECURITY NO. 17	INFORMA				lress		
	No	No			Amo	s J. He	cktho	rn			
	PART I. DEA	TH WAS CAUSED BY:	3)	in Tor (a), (b), and (c).]	'oru	a of	Col	on		ÖNS	ERVAL BETWEEN
	Conditions, if o gove rise to i cause (a), stating lying couse lost.	mmediote (/					~			
CERTIFICATION	PART II. OTH	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH B	UT NOT REL	ATED TO THE TERM	MINAL DISEASI	E CONDITION GI	VEN IN PAI	RT 1(o) 1	9. WAS AUTOPS PERFORMED? YES NOT
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING AS UNDERLYING AS CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter	noture of injury in	Part I or Port	t II of item 18.)			
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Ye	While			NJURY (Home, for et, affice bldg _e , et		or town)	((County)	(Sto
3		it (I) (this hospital	l) attend	ded the deceased fram		corred av	260 , .ta	3 - LO the causes ar			at (1) (we) la
	22a. SIGNATURE	Earl (Pa	20	5 Y		MED.	STAFF PHYS.			22b. DATE SIGNI
	22c. PHYSICIAN'S NAME (Type)				220	ADDRESS		S. Kale			46.76
			ass			_4001_V	lilken	s Ave.			
	REMOVAL (Specify)	3/7 \$/6	of 1	Loudon Pa				timore	or county)	N	Id. (Stote)
24.	Burial FUNERAL DIRECTOR	S SIGNATURE	, 1	328 Sulphur	Spri		AR 1 3	7-14	ISTRAR'S SI		
4	10.1.	CALACATA		Balt. 27, M	d.	,				. ,	

5. " a coult by braze and braze and by Halethorne d yru. Halethorne Livi Paning un. LIOI Planting of the Lord Formie walte day and the same is, isto we we municipal T. Bobb LOND & BULLIANS AND THE .ov. smolliv 1000 sani. I fred Edwin Allysi Rounds Park cm. Bullisore and AND THE PARTY OF T

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEAT

CERTIFICATE OF DEATH

02732

1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Mary		. If institution b. COUNTY	n: Residence before o	admission)
b. CITY OR TOWN (If ou RURAL and give neare Catonsvi		c. LENGTH OF STAY IN 1b	e. CITY OR TOWN (IF Balti		mits, write RUI	RAL and give neares	t tawn)
d. NAME OF HOSPITAL	(If not in haspital, give street louse of Pine		d. STREET ADDRESS 4910 Palme	er Ave.	310		IS RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)	LENA First	Middle HECKLEMAN	Last	4. DATE OF DEATH	Month 3	Day 16	Year 19 6/
S. SEX 6.	A 40 A 1	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 1883	9. AG		FUNDER 1 YEAR IF Months Days H	UNDER 24 HRS. laurs Min.
10a. USUAL OCCUPATION during most of working Housewil 13. FATHER'S NAME	life, even if retired)	b. KIND OF BUSINESS OR INDU		ssia		12. CITIZEN OF W	HAT COUNTRY?
TO. PATTER S TANKE	Abe Cohen			Minnie			
15. WAS DECEASED EVER IN	U. S. ARMED FORCES? 1		NFORMANT	MIMITE	Addre	5\$	
(Yes, no, or unknown) (If ye	es, give wor or dates of service)	Mr	Lillian Kle	ein	Same		
Canditions, if any, gave rise to imm cause (a), stating the lying cause last.	ediate DUE TO (c)	1. Azkerlossan		Jaculus	Dier	13	NAME ANTOREY
PART II. OTHER 20a. ACCIDENT WAS L OR CONTRIBUTING [] U (IF EITHER, NOTIFY ME	SIGNIFICANT CONDITION	S <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TER/	MINAL DISEASE CON	IDITION GIVE		PERFORMED?
	CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	n Part I ar Part II af	item 1B.)		
ZOc. TIME OF INJURY Hour a. m. p. m.	Whi	- for	ACE OF INJURY (Hame, fai ctary, street, affice bldg., e		wn)	(Caunty)	(State)
21. I certify that (l) (this hospital) atte	nded the deceased fram. 26 - 1961, and that o	D-25 1	9-35, ta 3	- 16-	, 19 <u>6</u> /_ , that I an the date st	(I) (we) last
220. SIGNATURE	K. Jal	luger	M.D. PHYS.	MED. STA	AFF YS.		22b, DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	ber K. Ga	Mager	22d. ADDRESS 6209 Dr. 82	Leriel ar	ve, Bo	el7,28,	Sind
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	3/17/61	Beth Hamedro		23d. LOCATION ((State)

DATE

SOL LEVINSON & BROS INC. 6010 Reisterstown Rd

OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Page 4 **PEUNEX. DIRECTOR:** After this certificate has been signed by the attending physicion and campletely filled page 3 shauld be detached for use as the buriol-transit permit. Then please remove corban papers. Pages 1 the State Board of Health prior ta burial, crematian, ar removal, and in any event, within 72 hours after death. ned by the haspital or attending physician. TO FUNER TO HOSPIT

the funeral directar,

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please exe	Page		TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation	
neces	tar.		or to	-
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y del	10%	10/	gistro	
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VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
2252 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	D.

Reg. Dist. No. 2733

1.	PLACE OF DEATH o. COUNTY B	altimore		MARYLA	1 05	AL RESIDENCE (Where decease	b. COU		-	fore odm	ission)
	b. CITY OR TOWN (If and give nearest town) Reisters		e RURAL	c. LENGTH OF STAY IN	X	ny or town (Reisters	10.000	orote limits, wr	ite RURAL or	nd give n	earest to	wn)
		ill Lane	If not in h	ospitol, give street address)		Cherry H	Hill La	ne			ON	A FARM?
	NAME OF DECEASED (Type or print)	Finory	'sl	Middle A •	Hei	lost ges	4. DATE OF DEATH		rch 19	Day		9 61
5. :	Male	6. COLOR OR RACE White		RIED NEVER MARRIED [-1	14,1883		9. AGE (In years lost birthday) 78 yr	Months	R TYEAR Days	Hours	ER 24 HRS. Min.
100	b. USUAL OCCUPATIO during most of working Laborer	N (Give kind of work life, even if retired)	done 10b	KIND OF BUSINESS OR IND	OUSTRY 11. 8	Penn	7.1	untry)	12. CI	TIZEN O	F WHAT	COUNTRY?
13.	FATHER'S NAME				14. MO	THER'S MAIDEN						
15	William H	0	RCES? 1	6. SOCIAL SECURITY NO. 1	7. INFORMA		E. Ari	nsberge				
		(If yes, give war or dates of	service)	160-16-9838		anna Boh	rer Bi	iglevil		enna.		
z	Conditions, if an gove rise to immediately, storing the ucouse last.	H WAS CAUSED 8Y: MMEDIATE CAUSE (o DUE TO y, which iote cause Inderlying DUE TO (c))	e for (a), (b), ond (c). Coronary Occ Arteriosclere CONTRIBUTING TO DEATH B	otic C			CONDITION	GIVEN IN PA	ONSE U		own
MEDICAL CERTIFICATION		none Month, Day, Ye none 19 t took chorge	who of the	remoins described	PLACE OF INfactory, stree	JURY (Home, form, office bldg., etc	m, 20f. (City of no	or town) one spection *], Inqu	ounty)	YES 🗌	(Stote)
	ACTUAL SIGNATURE 2 EXAMINER'S NAME (Type)	D. D. Ca	pl	X, Accident □, M. D.	M.D. (HIEF MEDICAL E SSISTANT MEDICAL EPUTY MEDICAL	EXAMINER C		Couse [DATE :	SIGNED
220	BURIAL, CREMATION			22c. NAME OF CEMETERY				ION (City, tow		450	(Stot	
	FUNERAL DIRECTOR'S J. F. Elin			Fairview (ADDRESS sterstown, Md		24a. REC	Arer O BY REGISTR AR 21 '6'		le GISTRAR'S S Luchum &	IGNATUI		

OCH MARBICAL EXAMINATES CERTIFICATE OF DEATH . . merica Condition of the Condit none was a senior TO DESCRIPTION OF THE PROPERTY The district of the state of th Store of the second of the sec

THE REPORT OF THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

2753	CERTIFICATE	OF DEATH		02734
1. PLACE OF DEATH a. COUNTY	, 13, 14, 15 ги		B Where decessed livad, If ins	
Baltimore	MARYLAND	e. STATE	b. COUNTY	Baltimore
b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate limits, write R	URAL and give naarast town)
write RURAL and give nearest town)		A Park	ville	
d. NAME OF HOSPITAL OR INSTITUTION (if not in I	hospital, giva streat address)	d. STREET ADDRESS	MAL	e. IS RESIDENC
2919 (hurch Road		1 2919 (he	urch Road	YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Yeer
(Type or print)	Ha	inlain	OF DEATH 2	711 19 61
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED 18	. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS
1 1 1		-24-1863	last birthdey) 7	Aonths Days Hours Min.
A CHECK	. KIND OF BUSINESS OR INDUSTR		ty & State, or foreign country)	1 12. CITIZEN OF WHAT COUNTR
done during most of working life, even if retired)				United States
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	ontroed budges
(FII'S C Hame	C. 1	1/ .1		
Unknown)	Straulau	Kather		nown)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 (Yes, no, or unkown) (Ifyesgivewarordetesofservice)	16. SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
	M	rs Madelon	Welsh	same
18. CAUSE OF DEATH [Enter only one ceuse po	er line for (e), (b), end (c).]	1 ,		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	derincleratie 1	eart des	ne	10 yez
4200 DUE TO	11 + 1	+ 4		1000
Conditions, if any, which (b)	hervators o	erthretis		1090
geve rise to Imme Tate ceuse	7 1	U .1		,
(a), stering the distribution	indullars	It The a	amoid	4 mrs
	ONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	IN PART 1(e): 19. WAS AUTOPS
PART II. OTHER SIGNIFICANT CONDITIONS C	OTTING TO DEATH OUT IT	THE TERM	THE DISCUSE CONTROL OF THE	PERFORMED?
Ú				YES NO
OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Part I or Part II of item 18.)	
0		CE OF INJURY (Home, farm ory, street, office bldg., etc.		(County) (State)
	hile Not While tact	017, 27,001, 011100 0100, 010		
21. I certify that (I) (this hospital) att	ended the deceased from	March 25	19.58 to heard 14	19.6/ that (I) (we) la
saw the deceased alive on much	1 (1)	(-)	001	nd on the date stated above
22e, SIGNATURE		dealli occured al		22b. DATE
Allesa		DUNC DO C	MED. STAFF	SIGN
22c. PHYSICIAN'S	M	.D. PHYS. 22d. ADDRESS	THIS. []	
NAME (Type)		220. 7.001123		
OR OUBLAL CREMATION LOSS DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town	or county) (Stata)
23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORI	O / .	(State)
burial 3-17-61		emetery	Baltimore	IIId.
24 FUNERAL DIRECTOR'S STGNATURE	ADDRESS	25e. REC	C'D 8Y REGISTRAR 25b. REGIS	STRAR'S SIGNATURE

DATE MAR 1 7 '61

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TO HOSTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

4 may be retained by the hospital or attending physician.

7 D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

Leonard J. Ruck 5305 Harford Rd.

AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed to HO ge 4 may be retained by the hospital or attending physician.

TO HO ge 4 may be retained by the hospital or attending physician and comple. death, NERAL DIRECTOR: After this certificate has been signed by the attending physician and comple. TO FIT ARE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH 2. USUAL RESIDENCE (Whara deceased lived, If institutions a. COUNTY BATTTMORE MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give naerest lown) write RURAL and give nearast town) BALTIMORE RORT HOWARD 10 DAYS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? VETERANS ADMINISTRATION HOSPITAL 612 W LEE YES NO TO NAME OF 4. DATE DECEASED OF (Type or print) DEATH JAMES HELLER MARCH 19 67 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR last birthday) MALE WIDOWED AUGUST 20 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) COLUMBIA, SOUTH CAROLINA PRESS OPERATOR STANDARD STEEL U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ADAM HET LER MAGGIE NELLAMS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Addrass (Yas, no, or unkown) | (Ifves give war or dates of service) CLIN REC BALTIMORE MD-FT HOWARD DIVISION LL-WW 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: BRONCHOPNEUMONTA I DAY IMMEDIATE CAUSE (a) (b) CEREBRAL VASCULAR THROMBOSTS gava rise to immediate causa DUE TO (a), stating the underlying HYPERTENSIVE CARDIOVASCULAR DISEASE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? LAENNEC'S CIRRHOSIS NO XX 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, ' 20f. (City or lown) (County) (State) Whila Not While factory, street, office bldg., etc.) Hour a.m. at work at work 22a. SIGNATURE 22b. DATE 3-6-61 NED ATTENDING PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) WILLIAM S. KISER VAH Baltimore, Md. - Ft Howard Division 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Siala)

REMOVAL (Specify)

24 FUNERAL DIRECTOR'S SIGNATURE

Burrial.

BALTIMORE NATIONAL

BALTIMORE

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

arthur S. Thous

Charles A. Rice Funeral Service Baltimore 30, Md DATEMAR 1 3 '61

James and

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2255 CERTIFICATE OF DEATH rs after death. Page 4 Pages 1 and 2 should be fited with

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				noy.	5111, 1101
1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (WI	nere deceased lived. If institution: Resid Land b. COUNTY B	dence before admission)
b. CITY OR TOWN (RURAL and give n	(If autside corporate limits, vice rest town) Carney	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF Carne	outside corporate limits, write RURAL on ${f y}$	d give nearest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspitol, give 3205 Second	street oddress) Avenue	d. STREET ADDRESS	Second Avenue	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	CHARLES	Middle	HESS	4. DATE Month OF DEATH MARCH	19, Year
s. sex Male	0.00 4.4	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH August 2,1	Jast birthday) Manth	ER 1 YEAR IF UNDER 24 HRS B Days Hours Min.
during most of wor	rking life, even if retired)	Retired 30	Yrs Philade	lphia, Penna.	ITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	ust Hoss		14. MOTHER'S MAIDEN I		
Aug	ust Hess	37 16. SOCIAL SECURITY NO.	INFORMANT	Address	
(Yes, no, or unknown)	(If yes, give war ar dates of service	e)		m.Sonn-3205 Sec	ond Ave.
THE RESERVE OF THE PERSON NAMED IN	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUY, which immediate (b)	Cerebral Thron	ulins, ferry	elegio left	INTERVAL BETWEEN ONSET AND BEATH
lying cause lost.	(c)				
ICATIO		IONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	inal disease condition given in Pi	ART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature af injury in	Part I or Part II of item 18.)	
Y 20c. TIME OF INJUI Hour o. m. p. m.			LACE OF INJURY (Home, form actory, street, office bldg., etc.		(County) (State
21. I certify to alive on	hat I attended the de		м.D. 62171	M, from the causes and on the ADDRESS (Street, city or town, stole)	last saw the deceased he date stated above pate signer 3 20/6
220. BURIAL, CREMATIC REMOVAL (Specify Burial	3/22/61	22c. NAME OF CEMETERY C		22d. LOCATION (City, town, or county Baltimore,	
23. FUNERAL DIRECTOR H. SANDE		ADDRESS IC. Balto., Md.	240. REC'	D BY REGISTRAR 24b. REGISTRAR'S Carthur S.	

TO HOSPICAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hamay be and by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 at the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

VS A1S (4) 15M 9/5B

priorities (conversed to the Event Conversed Billevil Spece . Aug. Differen The Light's toront to the control of the city PRINTED AND DESCRIPTION OF THE PROPERTY OF THE PARTY OF T node leftered 2025 and real Per about THE PART OF STREET AND ADDRESS OF THE PARTY Carlo and the said of the AND THE RESIDENCE OF THE PARTY no note that year week and the first of the this that percentage THE REPORT OF THE PARTY OF THE

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence MARYLAND and b. CITY OR TOWN (if outside corporete c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) 2 filled in Pages 1 IMORE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) papers. 3. NAME OF DECEASED duos (Typa or print) DEATH C withir physician and con e remove carbon SEX IF UNDER 1 YEAR AGE (In yeers last birthdey) Months WIDOWED De. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) 13. FATHER'S NAME please attending 16. SOCIAL SECURITY NO. ARMED FORCES? (Yes, no, or unkown) | (If yes give wer or detay of service) 18. CAUSE OF DEATH [Enter only one couse per line for (e) 2 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to Immedieta ceuse DUE TO (e), stating the underlying has causa last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY certificate CERTIFICATION hospital as 0 use prior 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached for may be retained by the DIRECTOR: After this Health 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, (County) fectory, street, office bldg., etc. Not While While et work et work pe plnods saw the deceased alive on... 220. SIGNATURE ATTENDING STAFF PHYS. DIRECTOR PHYS. ZRAL 22d. ADDRESS 22c. PHYSICIAN'S director, be filed OF 2Sa. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 DATE arthur S. Thous

STREET, BALTIMORE 1, MARYLAND

a. IS RESIDENCE

19 6

IF UNDER 24 HRS.

Hours

ONSET AND DEATH

PERFORMED?

NO T

(Stete)

22b. DATE

SIGNED

ON A FARM? YES NO

and the second in a straight the termine Wanes E. L. Hopkins Let Williams & ST - STA PA AT A SECOND SECO LEANER & MICE HARFERS FOR STREET

MARYLAND STATE DEPARTMENT OF HEALTH Division of TATIOTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) al director. Page of for your files. Board of Health, a. COUNTY a. STATE b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) for your f write RURAL and give naarast town) Catonsville 14 days Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? HOSPITAL STATE retained he State B YES NO IN W. University NAME OF First 4. DATE Middle DECEASED "in pencil in Item 18. Give Pages 1, 2, and 3 to the Office along with form PM3. Page 5 may be reft buriel-transit permit. File pages 1 and 2 with the Smoval, and in any event within 72 batts after de OF (Type or print) DEATH Walter Howard Hollingshead 19 67 March 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. last birthdey) Months Days Hours 1882 WIDOWED DIVORCED Sept. white male 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stata or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even If retired) Maryland saleman Retired U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Roger Hollingshead xunimounx Eugenia Barton This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or dates of service) 212-07-5981 Mrs. Ellen R. Hollingshead-847 unknown Records: 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if any, which (b) sass execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as a list designated agent, prior to burial, cremation, or rem gava rise to immediate cause DUE TO (a), stating the undarlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO R 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I of Pert II of item 18.)
X-ray of 3-2-61 revealed comminuted frac. of lateral end of 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: CAUSE OF DEATH. sustained in a fall WEDICAL 20c. TIME OF INJURY Month, Dey, Year factory, street, office bldg., etc.) While Not While Hour a.m. Baltimore City et work at work home 19 67 p.m. Inspection . 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry | and in my opinion Natural causes death resulted from: Suicide Homicide Undetermined manner Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER [SIGNATURE EXAMINER'S eorge M. Kieffer, M. plnous NAME (Typa) Address (Streat, city, town, or county please 4 shoul 22a, BURIAL, CREMATION, 22b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 四日 REMOVAL (Specify) 0 Burial Baltimore. Olivet Maryland 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VS. A15ME Trilling S. Kraus DATMAR 1 5M 7/59

ACTUAL OF BROTHING MILLIONS MOTORING WITH A TON SCHOOL COME TO THE STATE OF THE SECOND 8888B The same of the sa

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please executed earlificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funery "rectar. Page 4 should be forwered to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far you.

or removal. VS. A15ME(5) 5M 9/55

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2758	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	R

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o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deced o. STATE MG.	sed lived. If Institution: Residence b. COUNTY	before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ESSEX	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside cor	porate limits, write RURAL and giv	ve nearest fown)
d. NAME OF HOSPITAL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS 11 Fairway Ro	ad	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Alfred	Middle H	HUDNET 4. DATE OF DEATH	Mar. 15	Year 19 61
Male White WIDON	RRIED NEVER MARRIED 8	Dec. 28, 1907	9. AGE (In years IFUNDER 1YE Months Day	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asst. Surveyor	. KIND OF BUSINESS OR INDUST	Baltimore, Md	ountry) 12. CITIZEN	OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Augustus R Hudnut		Florence M Davi	S	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)		Mormant Amuel S Hudnet 32	Address Paylor Ave.	21
18. CAUSE OF DEATH (Enter only one cause per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS	Surce Surce	OLD - Yun Sho T		DISET AND DEATH
20g. EXTERNAL CAUSE WAS 20b. DESCI		nter nature of injury in Part I ar Part II		PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20c.	I. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm, 20f. (Cit) ry, street, office bldg., etc.)	10	(State)
21. I certify that I took charge af the death resulted fram: Natural causes		ve, held an Autopsy [], li ide [], Hamicide [], U	nspection	
EXAMINER'S SACK DE	allins	_M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	R 🗆	3-15-6/
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Mar. 18, 196	22c. NAME OF CEMETERY OR Parkwood	CREMATORY 22d. LOCA	TION (City, town, or county)	(State)
23. FUNERAL DIRECTOR'S SIGNATURE Wm. Cook, Inc. 1217 St.	Paul St.	24a. REC'D BY REGIST DATE	1 246. REGISTRAR'S SIGNA Curchus S. Kr	

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FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled	shauld be		1	
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y filled	ages 1	death.		
campletel	papers. P	the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death.	I)
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physicic	emave o	ent with		
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FUNERAL DIRECTOR: After this certificate has been si	auld be	Board a		
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	0	h		

VR A15 (4) 15M 9/59

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	COUNTY Sultemore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence b. COUNTY b. COUNTY	before admission)
1	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL TREETER RURAL RURAL RURAL	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Restaurant Russell	01
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) EUGENET WE -HUNDER	TNARK SEATH Month OF DEATH	Doy Year 4- 196/
5. 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED		YEAR IF UNDER 24 HRS Days Hours Min.
10a	USUAL OCCUPATION (Give kind of work done done done) during most of working life, even if retired) LUCUL LOVE	all Dala O l	EN OF WHAT COUNTRY
13.	FATHER'S NAME Hundletinark	Mertha Bound	
15/	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN., no. or unknown) If yes, give wor or dates of service)	Grab Hundertenack Reis	Teestoral 4
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	acclusion	INTERVAL BETWEEN ONSET AND DEATH
	420 DUE TO Conditions, if ony, which) (b)		
	gove rise to immediate couse (a), stating the <u>under-lying couse lost.</u> (c)		
CATION	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINATE OF THE PROPERTY OF THE P	D. (Enter nature of injury in Part I or Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL Hour o. m. p. m. While Not while for twork of work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) 20f. (City or town) (Co	ounty) (Stote
	21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an 3-2-61 19, and that a	6-16-54 19 , to 3-4 , 1961 death accurred at 8 P.M., from the causes and on the	date stated above
	220. SIGNATURE	ATTENDING MED. STAFF M.D. PHYS. Director PHYS.	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) D. D. CAPLES, M.Z.	7. 6 Hanover Rd., Reister	stown, In
230	BURIAL, CREMATION, 23b. DATE THEREOF, 18 PROVAL (Specify)	R CREMATORY 23d. LOCATION (City, town, or county)	ALL (Store)
24	FUNERAL DIRECTOR'S SIGNATURE TO THE ADDRESS OF THE CONTROL OF THE PROPERTY OF	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGN DATE MAR 9 '61 Carhan &	NATURE Knows

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

2760

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	6400	OEKTII TO	7112 01					Cua	T.C.
o. COUNTY	Baltimore	MARYLAN	O STATE			lived. If institut b. COUNTY		ce before admi	ssion)
	outside corporate limits,	write c. LENGTH OF STAY IN 1	b c. CITY			ote limits, write l	RURAL ond g	ive nearest to	wn)
Catonsv	rille	48yr8mthl4dys	Balt	imore					
OR INSTITUTION	AL (If not in hospital, give		d. STRE	ET ADDRESS	**	310	0 / -1	ON	A FARM?
SPRING GR	ROVE STATE	HOSPITAL		UNKNO	MN	3 /	U	T TES [] NO [
. NAME OF DECEASED (Type or print)	First Lotti	Middle 3	Hyder	Last	4. DATE OF DEATH	Mar		Day 22	Year 19 61
SEX		MARRIED NEVER MARRIED	1 2881.4			9. AGE (In years last birthday)	IF UNDER Months	Doys Hour	7
female		IDOWED DIVORCED				713.			
	ing life, even if retired)	e 10b. KIND OF BUSINESS OR IN	IDUSTRY 11. BIRT	Mary 1		untry)		S. A.	
3. FATHER'S NAME	10 PM 1 30 TAX		14. MOTH	ER'S MAIDEN N	NAME				
Unknow	n		1	ınknown					
	R IN U. S. ARMED FORCES	7 16. SOCIAL SECURITY NO. 1	7. INFORMANT			Add	iress		
unknown	If yes, give war or dates of service		Records:	SPRING	G GROV	E STAT	E HO	SPITAL	
200. ACCIDENT WA	the under- c) CC)	Arteriosclerotic	BUT NOT RELATE	D TO THE TERM	INAL DISEASE	CONDITION GI	VEN IN PART	PERF	S AUTOPS'S ORMED?
20c. TIME OF INJURY Hour o. m. p. m.		20d. INJURY OCCURRED While Not while of work at work	PLACE OF INJU factory, street, o			or town)	(0	County)	(Stote
21. I certify that saw the deceas 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	ed alive on Mare	ottended the deceased fra ch 2 1961, and the williams. Achsler, M. D.	M.D. ATTEN	DING MODRESS SI	PRIN G	STAFF PHYS. GROVE S	3-23- BRATE	-61 H OSPIT	ed abave 22b. DATE SIGNE
236. BUPAL, CREMATION	N, 23b. DATE THEREOP	23c. NAME OF CEMETER	Y OR CREMATOR			111e 28,			ote) e
24 FUNERAL DIRECTOR'S	s SIGNATURE /	ADDRESS 13/8	Ligh	25a. REC' DATE	D BY REGISTI	25b. REG	ISTRAR'S SIC	S. Kruus	

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Page 4 may be fined by the haspital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board af Health prior to burial, cremation, or remayal, and in any event, within 72 hours effect death. TO HOSPITAL O

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

02743

1. PLACE OF DEATH o. COUNTY B	altimore		MARY	Charles III	o. STATE	ICE (When		d lived. If instituti b. COUNTY		before admissi	ion) V
RURAL ond give n		178 16	LENGTH OF STAY		c. CITY OR TOV	WN (If out	side corpo	rote limits, write F	RURAL ond give	nearest town	14
d. NAME OF HOSPI	ILE TAL (If not in hospitol, gi	ve street odd	yr5mthldy	У	d. STREET ADD				~3 V	e. IS RES	SIDENCE
OR INSTITUTION SPRING	GROVE STAT	E HO	SPITAL		28 South	n Ben	kert	Avenue			FARM?
3. NAME OF DECEASED (Type or print)	Fira Samu		Middle	149	Lost Imbrogu]	lio	OF DEATH	Mor Mar		/	Yeor 19 67
S. SEX			NEVER MARRIE		ATE OF BIRTH	150	90	9. AGE (In years	IF UNDER 1 Y	EAR IF UNDE	ER 24 HRS
male	white	WIDOWED	DIVORCE	• 🗆	Dec. 24,	1439	4	last birthdoy) yrs.	Months Da	ys Hours	Min.
	ON (Give kind of work of king life, even if retired) l distribut		nd of Business of tuel oil l	ous.	11. BIRTHPLACE Ital 4. MOTHER'S MA	ly		ountry)	-	NOF WHATC	OUNTRY
Samuel	Imbrogulio				Conce	etti	Magic				
15. WAS DECEASED EVE	ER IN U. S. ARMED FORG	ES? 16. SO	CIAL SECURITY NO	. 17. INFO	RMANT			Add	lress		44
yes	W. W.I		5-03-0403	Reco	rds: Sl	RING	GRO	OVE STAT	TE HOSE	PITAL	
Conditions, if a gove rise to i couse (a), stating lying couse lost.	the <u>under-</u> DUE TO	Art	eri osclero								
PART II. OT	HER SIGNIFICANT CON	DITIONS <u>COI</u>	NTRIBUTING TO DEA	ATH BUT NO	T RELATED TO TH	HE TERMIN	AL DISEAS	E CONDITION GI	VEN IN PART 1(PERFO	RMED?
	AS UNDERLYING GOOD CAUSE OF DEATH MEDICAL EXAMINER	20b. DESCRI	IBE HOW INJURY O	CCURRED. (inter noture of in	njury in Po	ort I or Por	t II of item 1B.)			
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Yeo	While	Not while of work		OF INJURY (Hor , street, office bl		20f. (City	y or town)	(Cou	nty)	(Stote
	at (I) (this haspital sed alive an <u>Ma</u>	attended	d the deceased	framM that dea	arch 16 th accurred o			March the causes or			
220. SIGNATURE	Stella		Chile	M.D		-	CTOR 📙	STAFF PHYS.	3-	7-61	SIGNE
22c. PHYSICIAN'S NAME (Type)	Stella	Wachs	sler, M. D	•	22d. ADDRESS		NG (nsvi]		IATE HO	OSPITAI	L
23a. BURIAL, CREMATIC REMOVAL (Specify	ON, 23b. DATE THEREO	610	23c. NAME OF CEMI	ETERY OR C	REMATORY THE OFF	46	3d. LOCA	TION (City, town,	ORE	(Stot	te)
24. FUNERAL DIRECTOR	ers signature	210	ADDRESS TO	YE ,		SO. REC'D	BY REGIST		istrar's sign	4 .	

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 med by the hospital ar attending physicion. the attending physician and completely filled the funeral director. Then please remave carbon papers. Pages 1 and 2 shauld be filed with DEUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health priar ta burial, cremation, ar removal, and in any event, within 72 haurs after death. TO FUNER

TO HOSPIT VR A1S (4) 1SM 9/59

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DIVISION OF STATISTICAL RE funeral PLACE OF DEATH a. COUNTY a. STATE b. COUNTY by the land 2 s MARYLAND death. b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 Pages 1 and write RURAL and give nearest town) hours after arneu d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) NAME OF paper n 72 h Middla Month DECEASED comple (Typa or print) DEATH within awrence acksor carbon 6. COLOR OR RACE 7. MARRIED 5. SEX NEVER MARRIED and last birthday) WIDOWEDX male event, yrs. physician 10a. USUAL OCCUPATION (Giva kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working tifa, avan if retirad) Retired Machinist 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please e attending property Then please Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass (Yas, no, or unkown) | (Ifyasgivawarordatasofsarvica) removal Jackson 3040 g physician. signed by the 18. CAUSE OF DEATH [Enter only one cause per line for (a) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) burial-transit DUE TO attending Conditions, if any, which has been gave risa to Immadiata causa DUE TO (a), stating tha undarlying causa last. the certificate ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CERTIFICATION 98 0 prior use 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part f of Part II of itam 18. detached for the After this þ 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) factoly, streat, office bldg., atc.) While Not Whila Hour a.m. at work at work DIRECTOR: CIL 190 21. I certify that (I) (this hospital) /attended the deceased from. plnods that death occured at saw the deceased alive , and 22a. SUZNATURE ATTENDING STAFF DIRECTOR PHYS. PHYS. M.D. AL 22d._ADDRESS 22c. PHYSICIAN'S death. director, filed 23a. BURIAL, CREMATION, 23b. 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) 3 ADDRESS 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR VR A15 (4)

15M 9/60

RTMENT OF HEALTH STREET, BALTIMORE 1, MARYLAND USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) a. IS RESIDENCE ON A FARM? YES NO Yaar 19 IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN THE TERMINAL DISEASE CONDITION SIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO (Steta) (County) (we) last M, from the causes and on the date stated above. 22b. DATE SIGNED LOCATION (City, town or county (Stata)

DAMAR 1 3 '61

Children S. Traus

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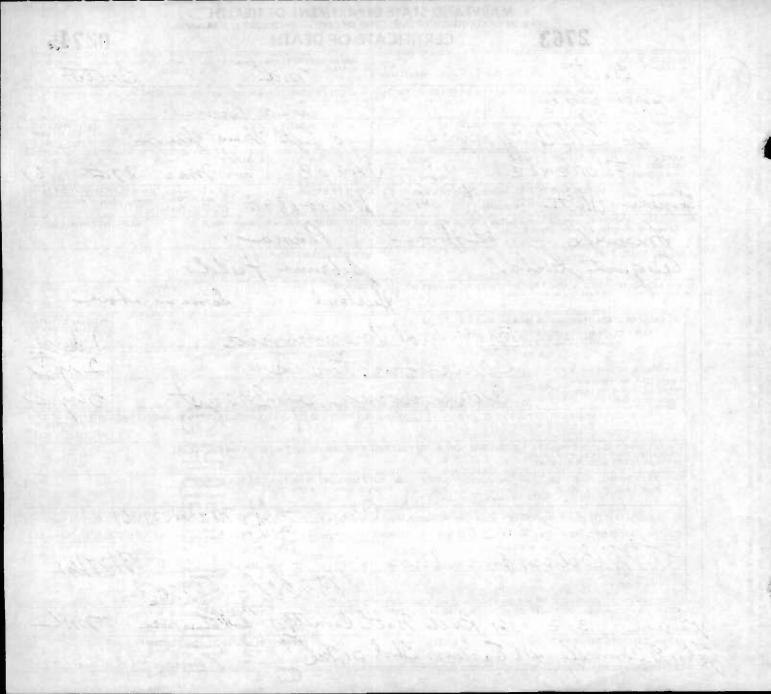
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VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

02745

	PLACE OF DEATH O. COUNTY Bacto MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in haspital, give street address) of INSTITUTION Left thing howe	d. STREET ADDRESS 40 LIVE ON A FARM? 40 Left Ving blive ON A FARM? YES NO
	NAME OF DECEASED (Type or print) FLORENCE L.	JACOB 4. DATE Month 27 The 196/
S. 7	SEX 6. CONOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH PLEE, 10-1890 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) 70 yrs. Hours Min.
L	during first of warking life even if retired) Machine Marking life even if retired) Machine Marking life even if retired)	USTRY 11. BIRTHPLICE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13.	august Genber	Sebrinia Fields
15. (Ye	n, no, or unknown) (If yes, give war or dates of service)	lustend Same as above
	1B. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (cl.] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (o), stating the under-lying cause lost.	Pneumonia Interval Between ONSET AND DEATH I day atosis 2 yrs
CERTIFICATION	, (c)	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Part I or Port II of item 18.)
MEDICAL		PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State octory, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on Mauri 27.1961, and that 220. SIGNATURE	deoth accurred a P.M., from the couses and on the dote stoted obove
	22c. PHYSICIAN'S	M.D. ATTENDING MED. DIRECTOR STAFF PHYS. 3/29/6/
236	NAME (Type) JURIAL, CREMATION, 23b. DATE THEREOF 23c. MAME OF CEMETERY	OR CREMATORY & 23d. LORATION (City Lown, or county) (State)
1	Brenovat (Secity) 3-30-1961 Balto na	the Camilley Daltimire ma-
X	in I Connelly -418 Eastern Bho	DATE DATE 256. REGISTRAR 256. REGISTRAR'S SIGNATURE



VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

2764 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before dmission)				
Baltim	ore		MARYLAND	a. STATE Maryland	b. COUN	ITY	V
b. CITY OR T	OWN (if outside corporate limi RAL and giva naarest lown)	ts,	c. LENGTH OF STAY IN 16		If outside corporate limits, write	RURAL and giv	ve nearest lown)
Fort Ho			50 Days	Baltimor	e 17	3 V	101-4
	HOSPITAL OR INSTITUTION (if not in hos		d. STREET ADDRESS			. IS RESIDENCE
				2020 24 24			ON A FARM?
Veteran	s Administrati	lon Ho			ean Avenue		YES NO X
DECEASED	First		Middle	Last	4. DATE Month	Da	ay Year
(Type or print	CLIFTON	V V	J	AMES	DEATH March	4	19 61
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED 1 8	. DATE OF BIRTH	9. AGE (In years	-	R IF UNDER 24 HRS.
Male	Negro	WIDOWE	7	May 31, 1893	67 yrs.	Months Days	Hours Min.
	CUPATION (Give kind of work st of working life, even if retire		IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cour	nty & State, or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
Brake	eman	Re	ilroad	Mathews Co	., Virginia	U. S	. A.
13. FATHER'S N	AME			14. MOTHER'S MAIDEN	NAME		
Willia	m James			Mary Smith			
	SED EVER IN U.S. ARMED FOR		SOCIAL SECURITY NO. 17. 1	NFORMANT	Address		
Yes, no, or unko	own) (If yes give war or dates of s	ervice) 70	5-07-7915 Cli	nical Record	s, VAH, Baltimor	e 18.Md	.Ft. Howard
	E OF DEATH [Enter only one					,	DIVISION
	I. DEATH WAS CAUSED BY:						ONSET AND DEATH
1	IMMEDIATE CAUSE (a)	CAF	CINOMA OF PENI	S WITH METAS	STASIS		UNKNOWN
1 1/1	DUE TO					3	
Conditions							
	immediate cause						
(a), stating	the underlying DUE TO						
cause last.) (c)						
Z PART II.	OTHER SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
TA T							YES NO THE
20a. ACCID	ENT WAS UNDERLYING	20b. DES	CRIBE HOW INJURY OCCURED	. (Enter natura of injury in	Part I or Part II of item 18.)		
U (IF EITHER,	BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)						
20c. TIME (CE OF INJURY (Home, farr ory, street, office bldg., etc		(County)	(State)
Hour	a.m. p.m. 19	While at wor		ory, sileer, office bidg., ere	***		
-	F	tal) atton	ded the deceased from	January 13	19 61 toMarch 1	161	that (X (wa) last
			16.1 and that				
		r.A4t	, and that	death occured at		and on the	
22a. SIGNA	ATURY -	170		ATTENDING	MED STAFF		22b. DATE
1	Mornan	28	relian M	.D. PHYS.	DIRECTOR PHYS.		3/6/61
22c. fill	CIAN'S	10		22d. ADDRESS			
THOMA	S'F. CRAHAN, N	M.D.		VAH, BALTIM	MORE18, MD., FORT	HOWARD	DIVISION
23a. BURIAL, C	REMATION, 236. DATE THE	REOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county)	(Stale)
Buria.	Specify) 3, 6, 6	1	Baltimore Nat	cional Cem.	Baltimore	28, Ma	aryland
24 FUNERAL DI	RECTOR'S SIGNATURE (1)	W 221	02 W. North Ave		C'D BY REGISTRAR 256. REG	GISTRAR'S SIGN	NATURE
Med	mon Funeral Ho		ltimore 16, Ma:		AR 6 . '61 C	ribur 2 to	Sant
Trees and	more a description	Da.	LOTHIOTE TO, Ma.	J. Taura I PAIL		. 4. 70	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	FUNE DIRECTOR: After this certificate has been signed by the attending physician and campletely filled	rbon papers. Pages 1 and 2 should be filed w	er death.
	d by the attending physician	mit. Then please remave car	any event within 72 hours after
may be med by the haspital or attending physician.	er this certificate has been signe	far use as the burial-transit per	he registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.
De led by the has	NEI DIRECTOR: AFI	s 3 shauld be detached	egistrar priar to burial,
DE	2	bod	he

		MARYLAND S	STATE DEPART	MENT OF HEALTH—BA	ALTIMORE, 18	
		2766	CERTIFIC	ATE OF DEATH	Reg. D	ist. No. 02748
1.	o. COUNTY	1016	MARYLAND	2. USUAL RESIDENCE (Where dece		
	b. CITY OR TOWN (If outside co RURAL and give nearest town)	Corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	orporate limits, write RURAL and	give nearest town)
	d. NÅME OF HOSPITAL (If not i OR INSTITUTION	n haspital, give street ad	idress) /	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	John	Middle/ Wesley	Johnson 4. DAI		Day Year
	Male (0	WIDOWED		B. DATE OF BIRTH JUNE K, 1848	9. AGE (In years last birthday) 8 2 yrs.	R 1 YEAR IF UNDER 24 HRS. Doys Hours Min.
	Laborer de	en it reilred)	IND OF BUSINESS OR INC	USTRY 11. BIRTHPLACE (Stote or foreign	Country) 12. CI	USA COUNTRY?
	FATHER'S NAME	John so	n	14. MOTHER'S MAIDEN NAME	allace	
IS (Y		or or dates of service)	3-36-347	Rudult 192dds	Address 257/4	ain ST Rost
	18. CAUSE OF DEATH [Enter PART I. DEATH WAS C. IMMEDIAT		for (a), (b), and (c).	ie Nascular 1	Cyphial No.	INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, which gove rise to immediate couse (a), stating the <u>underlying</u> cause last.	(b)	HASC	(V)		30415
CERTIFICATION	PART II. OTHER SIGNIFI		NTRIBUTING TO DEATH BE	IT NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PAR	PERFORMED? YES NO
L CERTIF		OF DEATH XAMINER)	IBE HOW INJURY OCCUR	ED. (Enter noture of injury in Port I or	Port II of item 18.)	
MEDICA	20c. TIME OF INJURY Month, Hour a. ft. p. m.	Day, Year 20d. INJ While of work [_ Not while	PLACE OF INJURY (Home, form, 20f. (octory, street, office bldg., etc.)	City or town) (County) (Stote)
	21. I certify that after alive on The Actual SIGNATURE PHYSICIAN'S	nded the deceased 186	fram / VOU		ram the causes and an to (Street, city or town, state)	last saw the deceased he date stated abave. DATE SIGNED ASTONION AND ASTONION ASTONION AND ASTONION ASTONI
22	NAME (Type)	ATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY 22d, 10	CATION (City_tawn, or county)	(State)
23.	FUNERAL DIRECTOR'S SIGNATU	maky.	ADDRÉSS 23/	By Cred 200. REC'D BY REC	Osloisler GISTRAR 24b. REGISTRAR'S SIG	n mass
L	(som	/ nimoc	on Hill	A 200 DATE MAR 1	'61 anting	8 Haye

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the attending physician and campletely filled. By the funeral director, Then please remave carban papers. Pages 1 and 2 shauld be filed with irs after death. Page 4 O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ined by the haspital ar attending physician.

TO HOSP TO FUNER

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 2767 CERTIFICATE OF DEATH

	2767	CERTIFICA	TE OF DEATH		n:	2744
1. PLACE OF DEATH a. COUNTY Baltimore C	ounty	MARYLAND	2. USUAL RESIDENCE (WH			before admission)
Mt. Wilson,	Maryland	16mo 18 day	s Suit	t land	write RURAL and give	X-9
OR INSTITUTION	L (If not in hospitol, give State Hospi		4 Sum	mers /	Pd	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Lulu	Marie	Johnson	4. DATE OF DEATH	Manth 3	Day Year 19 6/
WF	W	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF, BIRTH	7 9. AGE (In last birth	yrs. Months Do	YEAR IF UNDER 24 HRS. Bys Haurs Min.
HOUSE N	ng life, even if retired)	10b. KIND OF BUSINESS OR INDU	1	1d.	12.CITIZE	MOF WHAT COUNTRY?
13. FATHER'S NAME	Ireland	1	14. MOTHER'S MAIDEN N	Cha Ph	ipps	
	IN U. S. ARMED FORCES Fyes, give war ar dates of service		ospital Record		Address	Hospital
PART I. DEATI	H [Enter anly one couse H WAS CAUSED BY: IMMEDIATE CAUSE (0)	Pulmonary	Embol.	s m		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if on gove rise to im couse (o), stoting th	mediate DUE TO	Thrombo.	sis of Il.	iac Vei	n	7
lying couse lost. PART II. OTHE	(c)	ONS CONTRIBUTING TO DEATH BU	4		ON GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY N	☐ CAUSE OF DEATH	L Lardize L				II I I
20c. TIME OF INJURY Havr a. m. p. m.	10		LACE OF INJURY (Home, form actary, street, office bldg., etc.		(Cou	unty) (Stote)
21. I certify that saw the decease		ttended the deceased fram.	death accurred at & A			that (I) (we) last date stated above.
	wemen		M.D. PHYS. DI	ED. STAFF RECTOR PHYS. [3/6/6/SIGNED
22c. PHYSICIAN'S NAME (Type) Wm. Newco	mer, M.D., S	Superintendent	22d. ADDRESS Mt. Wilson	State Hosp	ital, Mt.	Wilson, "d
23a. BURIAL, CREMATION REMOVAL (Specify)	3/8/1461	Bether Cen	or CREMATORY	Ext Bee 2	Merdo	(Stote) Md-
24. FUNERAL DIRECTOR'S	SIGNATURE 52	09 york R	vac 250. REC'	4 0 104	REGISTRAR'S SIGN	ATURE

* parso The second of the second Plant Petroli But the state of t BART OF AT STATE OF BUILDING SALES AT AND ASSESSED AS A SECOND The second of th BULL CONTROL SEX FOR MENERS SOLVED

VS A15 (4) 1SM 9/SB M

MARYLAND	STATE DEPART	MENT OF	HEALTH-	BALTIMORE,	18
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2768 CERTIFICATE OF DEATH

02750 Reg. Dist. No.

	M 4 U O				neg. D	31. 140.
1. PLACE OF DEATH o. COUNTY	Baltimore a	MARYLAND	2. USUAL RESIDENCE (o. STATE	^ /	b. COUNTY O	timore
b. CITY OR TOWN RURAL ond give	(If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 16	XD.	D	oleche	give nearest town)
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, give street 1024 chase	et oddress)	d. STREET ADDRESS	hesaco H	tre	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Mary	Ahna	Karl	4. DATE OF DEATH	Merch	Day Year 19 4
5. SEX	1 1 1	RRIED NEVER MARRIED DIVORCED DIVORCED	Sept 20, 1	886 9. AG	E (In years IF UNDER birthdoy) Months yrs.	Days Hours Min.
during most of wo	TION (Give kind of work done 10 orking life, even if retired)	b. KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (SM	ole or foreign country) Ryland	12. CIT	USA .
13. FATHER'S NAME	brose He	SSLER	14. MOTHER'S MAIDE	N NAME	enel	
15. WAS DECEASED EN (Yes, no. or unknown)	VER IN U. S. ARMED FORCES? 1 (If yes, give war ar dates of service)	Mone E	dward J, K	Tar 1. 102	y Chosaco	Ave.
Conditions, if gove rise to couse (o), stotin lying couse los:	immediate DUE TO	erebral The Exteriorch Carcinoma	erosis;	idest.	Brain for	
CATIC	VAS UNDERLYING 20b. DI	ESCRIBE HOW INJURY OCCURR				PERFORMED? YES NO
20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF 20c. TIME OF INJU- Hour o. m p. m	. Whi		LACE OF INJURY (Home, footory, street, office bldg.,	orm, 20f. (City or tovetc.)	wn) (County) (Stote)
21. I certify alive an	that I attended the dece 3 - 10 - 19 Ar Fohn Gel John Geldrich	ased fram. 195	8 , 19 , to h accurred at 4.3 March	ADDRESS (Street, con Sheladely)	auses and an th	ast saw the deceased e date stated abave. DATE SIGNED
220. BURIAL, CREMAT	ION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF			City, town, or county)	Mary and
23. EUNERAL DIRECTO	DR'S SIGNATURE CVCICH 1211	tesses Ave.	7 (MAR 1 4 '61	24b. REGISTRAR'S SI	GNATURE P 4A

narsh. PAGE STANFORM CERTIFICA IN DEPART and the state of t Read - Angelow By Burgaret But - Morelland The state of the s de marriates and design THE STREET STREET STREET

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be registed by the haspital or attending physician. TO FUNE: DIRECTOR: After this certificate has been signed by the attending physician and campletely filler by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2769 I	tem	22b,	Film CERTII	G284 FICATI	E OF	DEATH	-

Reg. Dist. NJ 2751

1. PLACE OF DEATH O. COUNTYBaltimore MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TOWSON
d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION TOWSON CONVALESCENT Home	d. STREET ADDRESS ON A FARM? YES NO NO
3. NAME OF First Middle (Type or print) EDITH J. KE	Losi 4. DATE Month Day Year OF DEATH March 31,1961 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min. 11/5/78 Months Doys Hours Min. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife None	STRY 11. BIRTHPLACE (Stote or foreign country) Cambridge, Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Elias Jones	Mary Nicols s
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	Address ecords-Towson Conval.Home-Towson, Md.
DUE TO	HROMBOSIS INTERVAL BETWEEN ONSET AND DEATH 2 MONTH
Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost. (b) (b) (c)	ARTERIOSCHEROSIS
Z Z	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq NO \)
	D. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. p. m. 19 While Not while of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
ACTUAL TO SUMMER FOR	occurred at 12 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ADDRESS (Street, city or town, state) 206 W. Pennsylvania Ave. 3/31/61
PHYSICIAN'S Thaddeus C. Siwinski	Towson 4, Maryland
22c. NAME OF CEMETERY OF Burial April 2,1961 Old Trinity	(Side)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm Cook-Towson, Inc. 1650 York Rd.	AL BECID BY RECICTARD AND RECICTARDIC SIGNIATIONS

A Maria A Carl modern	HTASCHO ST	BACH RES		
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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02752

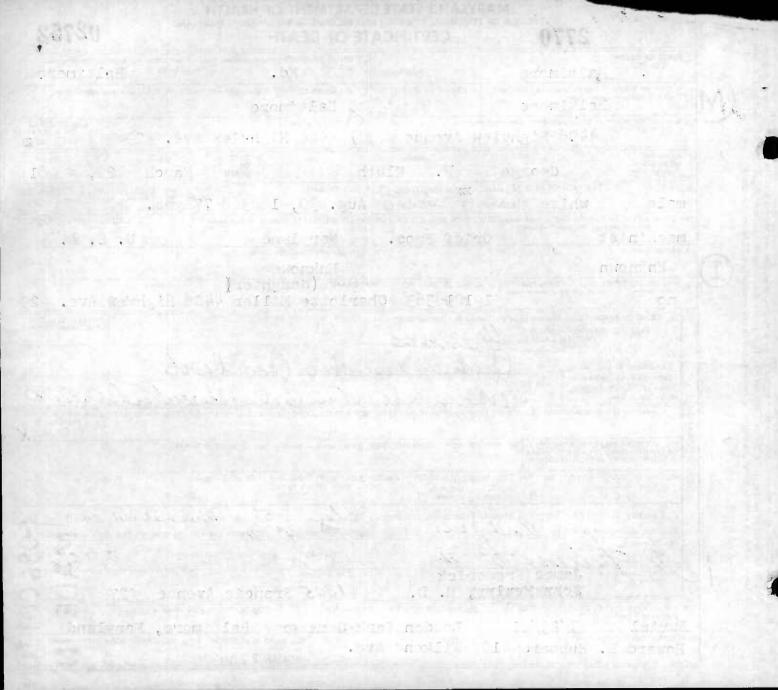
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		200													
1. PLACE OF DO		altimore		MA	RYLAND		STATE	Md.	ere deceased		nstitution DUNTY		-	e odmiss 1MO	
	d give negr	outside corporate limi est town) altimore	ts, write	c. LENGTH OF STA	AY IN 16	c.	Balt:			rote limits, v	write RU	RAL ond g	give nea	rest town	n)
d. NAME OF OR INSTIT		(If not in hospitol, g 4406 Hig		ew Avenue	е	1	STREET ADD		ghvie	w Av	e. #	#29			FARM?
3. NAME OF DECEASED (Type or prin	it)	Geor		W. Midd	Klut	h	Last		4. DATE OF DEATH	Ma	Month		22,		Year 1961
s. sex male		white	7. MAR	RIED NEVER MAR		Au	e of Birth	, 18	383	9. AGE (In lost birth		Months	1 YEAR Days	Hours	ER 24 HRS. Min.
10a. USUAL OC during mos machi:	t of workin	(Give kind of work of g life, even if retired)	. KIND OF BUSINESS Grief Bro		TRY	1. BIRTHPLAC			ountry)			ZEN OF		COUNTRY?
13. FATHER'S N						14.	MOTHER'S MA		AME					6	
	nown						Unkno		Y						
1S. WAS DECEA (Yes, no, or unknow NO		IN U. S. ARMED FOR yes, give war or dates of s	ervice)	. social security in 1910 9 856	(6)		lotte	_	ller	4406	Addre		ŵ A	ve.	#29
gove ris couse (o), lying cau	ns, if ony e to im- stoting th se lost.	mediate (, Ce	rebro- terios	Vas	cu	lar Tris l	as	Oco O	less	tule	un	De.	re	0
CATIO			DITIONS	CONTRIBUTING TO	DEATH BUT	NOT	RELATED TO TH	1E TERMI	NAL DISEASI	E CONDITIO	ON GIVE	N IN PAR	T 1(o) 1	PERFC	AUTOPSY ORMED?
	BUTING E	UNDERLYING [] CAUSE OF DEATH EDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY	OCCURRED). (Ent	er noture of in	njury in F	Port I or Parl	II of item	18.)				
20c. TIME C	a. m. p. m.	Month, Doy, Ye	While	INJURY OCCURRED Not while ork of work			F INJURY (Hor treet, office bl			or town)		(0	County)		(Stote)
		V	atten	ded the decease		1	accurred o		& to						
226. SIGNA	of	ulen	do	May	100.73	M.D.	ATTENDING PHYS.	- ME	1	STAFF PHYS. [5/		SIGNED
PHYSIC NAME	(Type)	James Nohnxi	rrec	derick exx M. D			1305	Fra	ancis	Ave	aue	#2	7		
23a. BURIAL, CI REMOVAL		23b. DATE THEREC)F	23c. NAME OF CI					23d. LOCA					(Sto	te)
Buria	1	3/25/6	1	Loudo	n_Par	ck	Cemet		Ba]	timo		Mar RAR'S SIG	-		
Howar	7 77	Hubbard	41	07 Wilke	ens Av	ve.			R 2 7 '6	7/0-		RAK'S SIG		NE .	

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 moy be need by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, ar remavol, and in any event, within 72 haurs after death.

TO HOSPI VR A1S (4) 1SM 9/59



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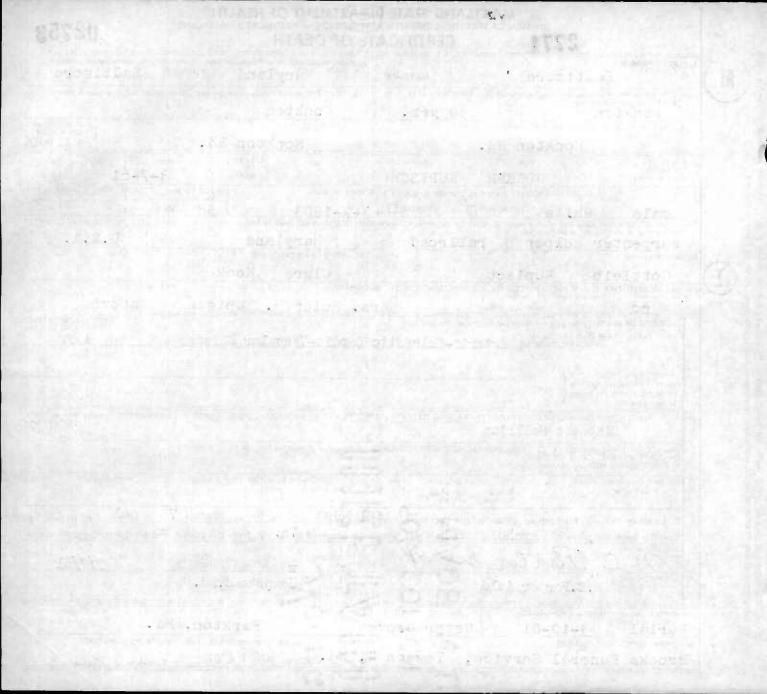
VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 2771

CERTIFICATE OF DEATH

02753

1. PLACE OF DEAT o. COUNTY	Baltimore		MARYL				here deceased land	d lived. If institut b. COUNTY		before admission) timore
	WN (If outside carporate limitive neorest town)	ts, write	c. LENGTH OF STAY IN	N 16	c. CITY OR	TOWN (If	outside corpo	rote limits, write l	RURAL and giv	e nearest town)
Monl	kton	200	30 yrs.		Mo	nkto	n			
d. NAME OF H	OSPITAL (If not in hospitol, g	ive street o	oddress)	- 1	d. STREET A	DDRESS				e. IS RESIDENCE ON A FARM?
	Monkto	n Rd	•			Mon	kton	Rd.		YES NO
3. NAME OF DECEASED	Fig	st	Middle		Las	t	4. DATE	Mod		Day Year
(Type or print)		SEPH	KUPISC		. 11/5		DEATH	3	3-7-61	
S. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	B. D	ATE OF BIRT	Н	8 9 16	9. AGE (In years lost birthdoy)		YEAR IF UNDER 24 HRS
male	white	WIDOWE	D DIVORCED	0 3	-7-19	03		58 yrs.	Womis	dys Hours Min.
10o. USUAL OCCU	PATION (Give kind of work f working life, even if retired	done 10b. H	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPL	ACE (Stote	or foreign co	ountry)	12. CITIZE	N OF WHAT COUNTRY
	nter helper		railroad		M	aryl	and		U	.S.A.
13. FATHER'S NAM	NE .			1	4. MOTHER'S	MAIDEN	NAME			
Gott:	leib Kup	isch			Cl	ara	Koc	k		
15. WAS DECEASE	DEVER IN U. S. ARMED FOR	CES? 16. S	SOCIAL SECURITY NO.	17. INFO	RMANT			Add	dress	
no	(if yes, give wor or odies or i	er vice)		Mrs	. Hel	en H	. Kup	isch	abo	ve
Conditions, gove rise couse (o), ste lying couse PART II 20a. ACCIDEN OR CONTRIBL	other significant con Diabetes Mel	Art	erio—Sclero	TH BUT NO	T RELATED TO) THE TERM	AINAL DISEAS	E CONDITION GI	VEN IN PART I	ONSET AND DEATH TO SET AND DEATH ONSET AND DEATH
20c. TIME OF Hour of	o. m. 19	While of work	Not while of work	foctory	, street, offic	e bldg., et			Ì	unty) (Stole
saw the de	C. Var		feeth deceased f	hat deal	ATTENDIN PHYS.	d .78.		March 7 the couses of STAFF PHYS.	1961 nd on the	that (I) (we) los dote stated abave 22b. DATE SIGNE 3/7/61
23a. BURIAL, CREA	M.C.Porter		23c. NAME OF CEME	TERY OR C	22d. ADDR	ess Ham		TION (City, town,		(Stote)
Burial Burial	3-10-61		Cedar Gr	rove				cton, Mo		
	CTOR'S SIGNATURE		ADDRESS	1.	D/L . D		D BY REGIST		ISTRAR'S SIGN	NATURE
Brooks	Funeral Se	ervic	e, Towso	on 4,	Md.	DATE	MAR 1 3	'61	arthur 8	Harra



DEPARTMENT OF HEALTH DIVISION OF STATISTICAL R STON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral plnods 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY by the and 2 death. 9 MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL and give nearest town) .5 7 Wing ed d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) rain papers. NAME OF complet OF DEATH DECEASED (Type or print) physician and co 5. SEX AGE (In yeers | IF UNDER 1 YEAR DATE OF BIRTH NEVER MARRIED lest birthday) WIDOWED 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratired one 13. FATHER'S NAME please aftending - rederi WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause persline for PART I. DEATH WAS CAUSED BY: peugi IMMEDIATE CAUSE (e) burial-transit nep him DUE TO (b) gave rise to immediate cause DUF TO (e), steting the underlying has ceuse lest. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY certificate as 0 use 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18. detached for After this 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While While Hour a.m. et work et work DIRECTOR:, 19.6., that (I) (we) last 21. | certify that (I) (this hospital) attended the deceased from...... 1961, and that death occurred at 2,2 m from the causes and on the date stated above. plnous saw the deceased alive on. 22a. SIGNATURE ATTENDING STAFF PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) TO FUNZ director, 1 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)

VR A15 (4) 15M 9/60

25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DAMAR

1211111111111

IS RESIDENCE

ON A FARM? YES NO W

Year

19

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO

(Stete)

22b. DATE

96 SIGNED

(Stete)

IF UNDER 24 HRS.

Contract of the Contract of th Dyn Fraction else 200) Carlin aut 1 181 - 1 21 - 1 2 - MARYLAND STATE DEPARTMENT OF HEALTH

2773

CEPTIFICATE OF DEATHMORE 1, MARYLAND

02755

6460
SIDENCE (Where deceased lived. If institution: Residence before admission) Maryland b. COUNTY Baltimore
R TOWN (If outside corporate limits, write RURAL and give nearest town) #iddleborough
ADDRESS o. IS RESIDENCE ON A FARM? YES NO
atone of Month Doy Yeor March 24 1961
28,1904 9. AGE (In yeors IF UNDER ? YEAR IF UNDER 24 HR Open
PLACE (Stote or foreign country) 12.CITIZEN OF WHAT COUNTR Ennsylvania
'S MAIDEN NAME
ettie McDonald
Address
Morris 202 Oak Ave.
FO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO [of injury in Port 1 or Port II of item 18.)
(Home, farm, 20f. (City or town) (County) (Sto
ed at 9 M, from the causes and an the date stated above
ice bldg., etc.) 1960, ta 24 March 1961, that (I) (we) located at 93M, from the causes and an the date stated above 22b. DATE SIGNI DIRECTOR PHYS. 3-24
ice bldg., etc.) 1960, ta 24 March 1961, that (I) (we) la ed at 9 M, fram the causes and an the date stated above 22b. DATE SIGNI DIRECTOR STAFF 3-24
ice bldg., etc.) 1960, to 24 March 1961, that (I) (we) losed at 2 M, from the causes and an the date stated above 22b. DATE SIGNI BRESS DIRECTOR PHYS. 3-24 23d. LOCATION (City, town, or county) (State) Center Township, Green Co.
Inches bldg., etc.) 1960, ta 24 March 1961, that (I) (we) laced at 960, from the causes and an the date stated above 22b. DATE SIGNI BRESS STAFF BROWN AVE, ESSEX, 23d. LOCATION (City, town, or county) (Stote)
V. C. V. C.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be and by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 shauld be filled with the State Board of Health priar to burial, cremation, or remayal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2774 CERTIFICATE OF DEATH ()2758

		101	CXCD out Fi	2/2	11/67 3	1.17					0
1. PLACE OF DEATH		m C 1		7/2	. USUAL RE		Vhare deceased	lived, If in	nstitution: Resi	idence before	edmission)
a. COUNTY Baltimo	re		MRDV	LAND	e. STATE	vland		b. COUNT	Anne/	Arunde	1 6
	outside corporata limi	ts,	c. LENGTH OF ST				ide corporete li				wn)
write RURAL and	give nearest town)									7	Jal.
Fort Hov		T 1 1	14 Day			Burni		imor	e 16,	Md.	RESIDENCE
d. NAME OF HOSPII	AL OR INSTITUTION (it not in no	spitel, give street ead	ress)	d. STREET A	TT	Ol Popl			ON .JC	A FARM?
	Administ:	cation	Hospital		(PA)	sed/Mar	Yor Nurs	sing/	Home/)/	YES	NOX.
3. NAME OF DECEASED	First		Middle		Last	4.	DATE OF	Month		Dey Yes	r
(Type or print)	HORACE			T.	F.E.		ON THE PERSON	March	1	5 19	6
5. SEX	6. COLOR OR RACE	7. MARRII	ED WEVER MARRIE		DATE OF BIRTH		9. AGE	(In yeers	IF UNDER 1 YE		R 24 HRS.
Mala		WIDOWI			rch 4, 3	1805	last b	yrs.	Months Dey	ys Hours	Min.
Male 100. USUAL OCCUPATI	Negro	1	IND OF BUSINESS OF						12. CITIZE	N OF WHAT	COUNTRY
done during most of wor	king life, even if retire	d)						country			
Laborer		F	urniture S		Baltimo				U	. S. A	
13. FATHER'S NAME				1	4. MOTHER'S A	AAIDEN NAMI					
Jim Lee					Fannie	MN: U	Jnknown				
15. WAS DECEASED EVE (Yes, no, or unkown) (If			SOCIAL SECURITY N	10. 17 IN	nical R	shrde	VAH R	Address	ore 18	Mary	and
Yes	WW T	01 11007		For	t Howard	Divis	ion, Do	~ T O III	016 10	, month	LOWICE
	EATH (Enter only one	cause per	line for (e), (b), end (0 220 11 002	~ ~ ~ ~ ~		1777		INTERVAL BE	
	WAS CAUSED BY	TOVINI	LONEPHRITI	e amp	ONITO LITE	תנו ווסנית	AT A			UNKNW	
122 41	MMEDIATE CAUSE (+)	PIG	MELUVIII	o, cim	ONTC MT.	TH ONE	TLA			OTATIVAM) T.A.
74	3 DUE TO	HYPI	ERTENSIVE	CARDIO	VASCULA	R DISE	ASE WITH	H		UNKNO	VIV
Conditions, if eny		CONT	ESTIVE FA				7123				
(a), steting the un		COIN	EMPITTATE TAX	77701							
causa last.	(c)										
Z PART II. OTHER	SIGNIFICANT CONDI	TIONS CO	NTRIBUTING TO DEAT	TH BUT NOT	RELATED TO TH	TERMINAL D	ISEASE CONDI	TION GIVE	N IN PART 1	e) 19. WAS	AUTOPSY ORMED?
SEPTICE	MIA AND BRO	ONCHO	PNEUMONIA							YES 🗍	NO X
200. ACCIDENT WA			SCRIBE HOW INJURY	OCCURED. (Enter neture of in	njury In Part I	or Pert II of iten	n 18.)			
30c. TIME OF INJUI	RY Month, Dey, Ye	er 1 20d.	INJURY OCCURRED	20e, PLACE	OF INJURY (Ho	mb, farm, 2	Of. (City or tow	rn)	(County	()	(Stete)
20c. TIME OF INJUI		Whil		factory	, street, office b	dg., etc.)					
Print.	19	at wo			3.63- 7		3 1/0-	-le 7 E	- 6	7	
21. I certify th	hat XI) (this hospi	tal) atter	ided the decease	d from	March I	9:195	L, to Marc	SUT.3	, 19.0.	.≟, that -(4)	(we) last
	ed alive on. Ma.	rch 1	19.61.,	and that d	leath occured	afpN	I, from the	causes a	and on the	date state	d above
220. SIGNATURE	7 -9			_	ATTENDING	MED.	STA	V E E		22	L. DATE
1.11		CAA.	hou	M.D.	PHYS.	DIRECT				3,	17/6
22c. PHYSICIAN'S	-				22d. ADDRE						
THOMAS	F. CRAHAN	M.D.			VAH, B.	ALTIMO	RE 18, 1	MD.,F	T. HOWA	RD DIV	ISION
23a. BURIAL, CREMATIO	ON, 236. DATE THE	REOF	23c. NAME OF C	EMETERY OR	CREMATORY	23	d. LOCATION	(City, tow	n or county)		State)
Burial (Specify)	3-20-	1961	Baltimo	re Nat	cional		Baltin	ore	28	Maryl	and
24 FUNERAL DIRECTOR		, /	ADDRESS		2		Y REGISTRAR	25b. REG	ISTRAR'S SIG	SNATURE	
	S. Philli	ns.	L808 N. Mon	nroe S	t.	ATE MA	21 '61	(Tribur &	. Thous	
HI TIIE COL	i D. TitiTiTi	- /				AIC					
			Baltimore	1/10	. 0						

- ---6 6 5 9 to the second control of the second control A SECTION AND THE RESERVE AND ADMINISTRATION OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRE notety is high things and the same distribution of the state of th TOTAL SUPPLY TO THE LOCALIST CO. ment eren de la compet al la compet de la co Critingvones. Philadige, 1900 N. Mc1800 St. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be printed by the hospital or attending physician.

TO FUNE DIRECTOR: After this certificate has been signed by the attending physician and campletely filler by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages I and 2 should be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/55 N.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	2775	CERTIFIC	ATE OF DEATH	1 R	eg. Dist. Nd) 2757
1. PLACE OF DEATH a. COUNTY Bal	timore	MARYLAND	2. USUAL RESIDENCE (WHO STATE Maryland	here deceased lived. If institution: b. COUNTY	Residence before admission)
RURAL ond give n	timore	c. LENGTH OF STAY IN 16		outside corporate limits, write RURA	AL and give nearest town)
OK INSTITUTION	TAL (If not in hospital, give street acost Nursing		d. STREET ADDRESS 5207 York	Rd. 3 VO	. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	EARL E. LEIST	Middle CER	Last	4. DATE Month OF MATC	h 5 1961
5. SEX	6. COLOR OR RACE 7. MARI	ED DIVORCED	B. DATE OF BIRTH NOV. 10,18	83 lost birthday) M	UNDER 1 YEAR IF UNDER 24 HRS. onths Days Hours Min.
10a. USUAL OCCUPATION during most of wor HOUSEWI	ON (Give kind of work done 10b. king life, even if retired)	KIND OF BUSINESS OR INDU	Pennsyl	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Theodor	e R. Grove		14. MOTHER'S MAIDEN NAME.	Fletcher	
	R IN U. S. ARMED FORCES? 16.		informant 's.Luella St	ees, 5207 York	Rd.
Conditions, if a gave rise to i cause (o), stating lying couse lost.	mmediate the under-	Cerebral	preumonia Hemourh		9 wKs.
3			T NOT RELATED TO THE TERMINED. (Enter noture of injury in P	NAL DISEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PART NO
O THE ETHICK, NOTHER	MEDICAL EXAMINER)				
20c. TIME OF INJUR Hour a. p. p. m.	While	NOI while fo	ACE OF INJURY (Home, form, octory, street, office bldg., etc.	, 20f. (City or town)	(County) (Stote)
	at 1 attended the decease (ar + 190	Sousan ma	accurred at 9 1		on the date stated above DATE SIGNED 190
NAME (Type)	ON, 226, DATE THEREOF	22 NAME OF CEMETERY OF Green Lawn	PR CREMATORY Memorial	22d. LOCATION (City, lown, or co Barberton, 0	ounty) (Slote)
22 FLIANCE LA DIRECTOR	SSIGNATURE TOWSON, Inc.	Park		BY REGISTRAR 24b. REGISTRA	R'S SIGNATURE

THE SHOP AND ADDRESS OF THE PARTY OF THE PAR			2775
		THE PARK	STORES AND STATE
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
2776
CERTIFICATE OF DEATH
02758

~		
	1. PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where dacassed lived, If institution: Residence before admission)
Н	Baltimore MARYLAND	a. STATE b. COUNTY Maryland
1	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	writa RURAL and giva nearest town)	2 1/01.41
	Owings Mills, Md. 10 years	Baltimore 15
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
	Rosewood St. Tr. School	3907 Dolfield Avenue
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Yaar OF
	(Typa or print) Cerald Myron	Levin DEATH 3 15 19 61
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male White WIDOWED DIVORCED	10/31/43 last birthday) Months Days Hours Min.
	10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTR	
	dona during most of working lifa, avan if retired)	
1	dependent	, , , , , , , , , , , , , , , , , , , ,
J	13. FATHER'S NÄME	14. MOTHER'S MAIDEN NAME
	Benjamin Levin	Rebecca Bilane
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Addrass
		Rosewood Records, Owings Mills, Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	N INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A cutte and	Elmonic Drvicko-
	491Y DUE TO	^
	Conditions, it any, which a (b) pueur aria	complicating
	gava rise to immadiata causa	
	(a), stating the undarlying DUE TO	V
	causa last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	8	YES NO 🗌
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	. (Enter nature of injury in Part I or Part II of item 18.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
		CE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata)
	Hour a.m. While Not While fact	ory, straat, office bldg., atc.)
		10 45 10 10 10 10 10 10
		, 19, 19, 19, that (I) (we) last
		death occured at 10: 05 from Tithe causes and on the date stated above.
	22a. SIANATURE	ATTENDING MED. STAFF STAFF
1		D. PHYS. DIRECTOR PHYS. 3- 10-01
	22c. PHYSICIAN'S	11287 May 1 D. O.O. O. Balty
	acte a . 11166 north	4301 Managed acre, partor
	23a DURIAL, CREMATION, 23b. DATE THEREOF 23c MAME OF CEMETERY	ORYCREMATORY 23d. LOCATION Gity, town or county) (Stata)
	Mucial 2-17-61 united A	Losew Batto Mas
1	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
7	Each towns line. 2/00 Enland	of le DATE MAR 17'61
		man 1 1 01 Cities & Round

personal control of the second of the Christia District A carte and the street But WESSELL BURNESS AND STREET AND STREET AND STREET A HEAR SEE BULLION TOSH TOSH TOSH WILLIAM and the second of the second and the second With the second state of the second s

aral director. Page is necessary, TO DE IX MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a play is necessary please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the craral director. Pages 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Heath or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2777 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ()2759

	The	a Q T	11m G282 3/15/	67 mh			000
1. PLACE OF DEAT	H	111 0 1	TTH 0506 3/ T3/	2. USUAL RESIDEN	NCE (Where deceesed lived, !		nce before edmission)
U. COUNT	Baltimore		MARYLAND	. STATE Mary	land b. cou	Balti	more
	if outside corporeta lim	its,	c. LENGTH OF STAY IN 16	-	(If outside corporate limits, wri		
	d give neerest lown)			Cato	nsville		
	Catonsville		spitel, give street address)	d. STREET ADDRESS			. IS RESIDENCE
				al. T	incoln to		ON A FARM?
3. NAME OF	Lincoln Ave		Middle	Last Last	incoln Avenue	th Dev	YES NO
DECEASED (Type or print)	DEI	MA	L.	LEWIS	OF DEATH Marc		1961
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH 190		IF UNDER 1 YEAR	IF UNDER 24 HRS.
Female	Colored	WIDOW		Dec. 19, 19	OB last birthday)	Months Days	Hours Min.
10a. USUAL OCCUPAT	ION (Giva kind of wor	k 10b. I	KIND OF BUSINESS OR INDUST			12. CITIZEN C	OF WHAT COUNTRY?
dona during most of we Practica	L Nurse	ed)			e, Maryland	U.	S. A.
13. FATHER'S NAME				14. MOTHER'S MAIDEN			
Edward	H. Moore			Wilhelm	ina Reddie		
15. WAS DECEASED EN (Yes, no. or unkown) (ER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Addre	ls.	
No	il yes give well or delesor.	2	19-18-3459	Alfonza Lewis	s - 24 Lincoln	Ave.	
18. CAUSE OF	DEATH [Entar only one		line for (e), (b), and (c).]				TERVAL BETWEEN
PART I. DEAT	H WAS CAUSED BY:	Arte	riosclerotic d	ardiovascula	r disease	O	NSET AND DEATH
1/20	1						
Conditions, if on	DUE TO					38 X 1	
geva rise to immed	liete cause						
(a), steting the u	inderlying DUE TO)				1000	
causa last.) (c)		NITRIBUTING TO DEATH BUT N	OT DELATED TO THE TERM	INAL DISEASE COMPITION OF		
PAKI II. OTHE	K SIGNIFICANT COND	IIIONS CO	NTRIBUTING TO DEATH BUT N	OF KELATED TO THE TERM	INAL DISEASE CONDITION GI	VEN IN PAKE I(a)	19. WAS AUTOPSY PERFORMED?
3							YES NO
PART II. OTHE 208. EXTERNAL C PRIMARY or CC CAUSE OF DEATH.	ONTRIBUTING [20b. DESCI	RIBE HOW INJURY OCCURED.	(Entar nature of Injury in Pa	ort I or Part II of Itam 18.)		
20c. TIME OF INJU	JRY Month, Day, Ye			ACE OF INJURY (Home, fer		(County)	(Stete)
Hour a.m.	19	Whill at wo		10177 011001, 011100 010001	1		
	hat I took charge	of the ren	nains described above, h	eld an Autopsy X.	Inspection . Inqu	iry , and	in my opinion
death resulted				cide , Homicide	, Undetermined	manner	
	7	M		CHIEF MEDICAL	EXAMINER [
ACTUAL	h	10)(wis	ACCICT ANT ME	DICAL EXAMINER X	1	DATE SIGNED
SIGNATURE			in the state of the limit of th	DEPUTY MEDICA			
EXAMINER'S NAME (Type)	W. Bra	adley	King, Jr., M.I	Address (Street,	city, town, or county)		3/8/61
22a, BURIAL, CREMATIC REMOVAL (Spacify	DN, 226. DATE THERI	OF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, tow		(State)
Burial	3-13-6:	l	Mt. Auburn		Baltimore, M	aryland	
23. FUNERAL DIRECTO			ADDRESS	24a. RE	C'D BY REGISTRAR 246. RE		
Charles R.	Law - 802	Madi	son Ave., Balt	DATE MA	R14'61 a	Thur S. Kraw	ul.
			Dall	O. a THE DATE			

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		er a See on Lev	
	MANUAL MEDICAL PROPERTY OF THE	THE SAME	
	month to the state of the second		

FOR STATE TO DEP C. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the test at director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removel, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12761

		,		
2779 MEDICA	L EXAMINER'S	CERTIFICATE	OF DEATH	1

		L COUNTY	2. USUAL RESIDENCE (Where decessed lived, If Institution, Residen	nce before edmission)
П		BALTIMORE MARYLAND	• STATE Maryland : Baltim	ore
-		b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)	c, CITY OR TOWN (If outside corporete limits, write RURAL end give	
1		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	. IS RESIDENCE
	100	8316 Hillendale Ra	8316 Hillendale Road	ON A FARM?
Ε		NAME OF First Middle	Last 4. DATE Month Day	Yeer
		DECEASED (Type or print) EVERETT H.	LITCHFIELD OF March 6.	10 67
	5.		LITCHFIEID DEATH March 6, DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR	19 61 IF UNDER 24 HRS.
Н	100	A =	5 1 - 19 16 lest birthdey) Months Deys	Hours Min.
	10a	White Male WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stele or foreign country) 12. CITIZEN C	F WHAT COUNTRY?
	dor	ne during most of working life, even if retired)	manage la	1 - 1
	12	FATHER'S NAME	MARY IBNO W	SH
	13.	- 1 - 1 - 1 - 1	14. MOTHER'S MAIDEN NAME	
	-	JAMES LIICH Meld	DORA	
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I s, no, or unkown) (Ifyesgive war or detes of service)	NFORMANT	-1-1
		220-09-0395-	MRS JESSIE S. LITE	sh/Teld
		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	Other	TERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Arteriosclerotic cause	rdiovascular disease	
		422. DUE TO		
		Conditions, if eny, which (b)		
		geve rise to immediate cause		
		(e), steting the underlying cause lest. (c)		
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)	
6	ATIC			PERFORMED? YES NO X
	IFIC	2De. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (E	nter neture of injury in Pert I or Pert II of item 18.)	TES NO LA
	L CERTIFICATION	PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.		
H	MEDICAL		CE OF INJURY (Home, ferm, 20f. (City or town) (County) ory, street, office bldg., etc.)	(State)
12	MEC	p.m. 19 et work et work		
		21. I certify that I took charge of the remains described above, he	ld an Autopsy , Inspection X, Inquiry , end	in my opinion
		death resulted from: Natural causes X, Accident , Suici	de , Homicide , Undetermined manner	
	-	00/0	CHIEF MEDICAL EXAMINER	
	- 1	ACTUAL OF When	M.D. ASSISTANT MEDICAL EXAMINER I	ATE SIGNED
2		SIGNATURE		/6/61
		NAME (Type) Russell S. Fisher, M.D.	Address (Street, city, town, or county)	,0,01
	22	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR		(Stete)
	0		decemen BALTIMORG	Md
19	23.	FUNERAL DIRECTOR	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNAT	
V	X	conais Houck 2000 Mayer	DATE MAR 9 '61 Cirilum S. Ha	u.A
3				

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FOR STATE HEALTH DEPT.

PLACE OF DEATH

TO DEF If MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any lay is necessary, please exacute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the terms all director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your filles. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any evapt within 72 hours after death. VS. A15ME

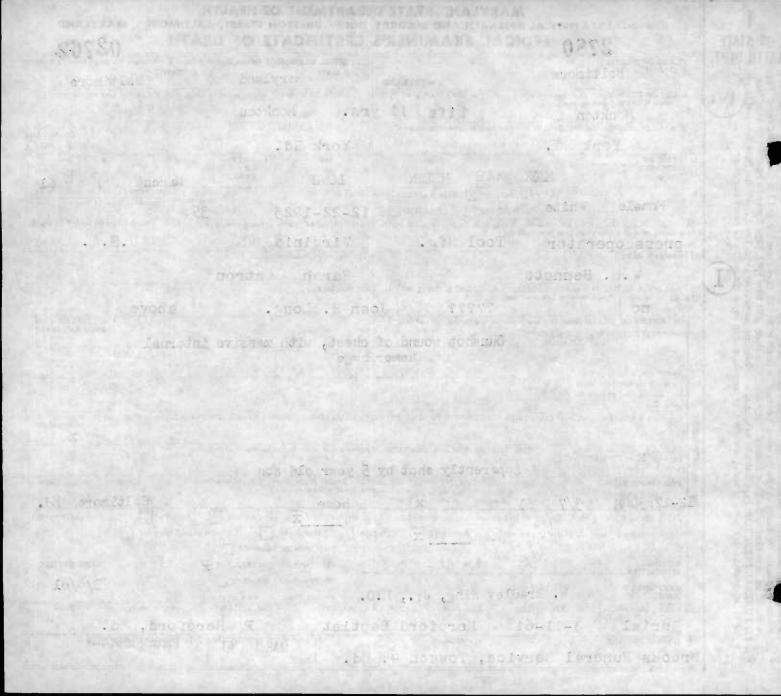
5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

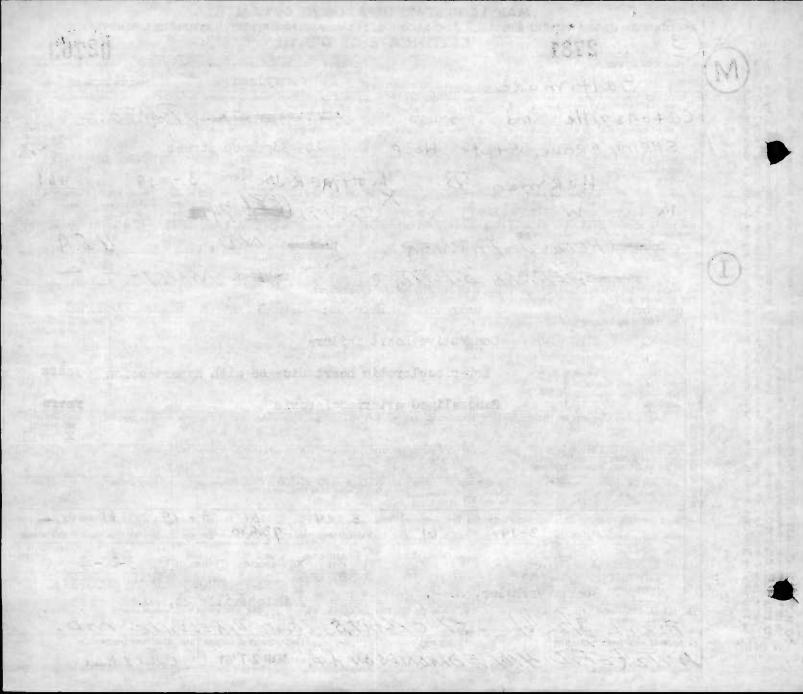
2780 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

• . COUNTY Baltimore	MARYLAND	STATE Maryland Baltimore						
b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsida corporate limits, writa	RURAL and give neerest town)				
write RURAL end give nearest town) Monkton	3 13 13 13 1		nkton X					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pital, give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE				
York Rd.		York Rd.		YES NO X				
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Dey Yeer				
(Type or print) MAX MA	E HELEN	LONG	DEATH Mar	ch 7 19 67				
5. SEX 6. COLOR OR RACE 7. MARRIE	D Y NEVER MARRIED 8.	. DATE OF BIRTH	9. AGE (In years)	IF UNDER TYEAR IF UNDER 24 HRS.				
Female White WIDOWE	D DIVORCED	12-22-1925		Months Days Hours Min,				
10a. USUAL OCCUPATION (Give kind of work done during most of working lite, even if retired)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stete	or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
	ol Mfg.	Virginia	LATE SERVICE	U.S.A.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN						
W.H. Bennett		Sarah	Catron					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unkown) (Ifyes give war or detes of service)	SOCIAL SECURITY NO. 17. I	NFORMANT	Address					
	???? Jo	hn R. Long		oove				
18. CAUSE OF DEATH [Enter only one cause per l		in it. Dong	a.	I INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY:	As because today			ONSET AND DEATH				
	ishot wound of		massive intern	la I				
DUE TO	hemorr	hage						
Conditions, if any, which (b)								
geve rise to immediate cause (e), stating the underlying DUE TO								
cause fest. (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE					
IV.				PERFORMED? YES X NO				
20e. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING	IBE HOW INJURY OCCURED, (E	ntar nature of injury in Par	t I or Part II of item 18.)	110 🔼				
	ently shot by	THE RESERVE OF THE PARTY OF THE						
	INJURY OCCURRED 200, PLA			(County) (State)				
Hour a.m. While	Not While fector	ory, street, office bldg., etc						
	k at work	Home		Baltimore Md.				
21. I certify that I took charge of the rem	ains described above, he	ld an Autopsy X	Inspection, Inquir	y, and in my opinion				
death resulted from: Natural causes	Accident X. Suici	de, Homicide	Undetermined ma	anner				
17	100000000000000000000000000000000000000	CHIEF MEDICAL	EXAMINER [
ACTUAL SIGNATURE	MG	M.D. ASSISTANT MED	ICAL EXAMINER	DATE SIGNED				
examiner's W. Bradley	King, Jr., M.I	DEPUTY MEDICA Address (Street,	L EXAMINER city, town, or county)	3/8/61				
22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town,	or country) (State)				
Burial 3-11-61	Hereford Ba	ptist	R Herefor	od. Md.				
23. FUNERAL DIRECTOR	ADDRESS	24e. REC		STROK, STRICKTOTHE				
Brooks Funeral Service		M/	R 1 0.61	Limit D. Tolland				



DIVISION OF STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission e. COUNTY the d MARYLAND by the and 2 death, c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give naarest town) E - 2 Cutonsville Pages ed d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? 605 Edgewood Street YES NO L DECEASED (Type or print) DEATH 196 carbon IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | Jast birthdey) and Deys Months WIDOWED ! 10a. USUAL OCCUPATION (Give kind of work physician remove 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) 13. FATHER'S NAME please aftending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then oval, (Yes, no, or unkown) | (If yes give wer or detes of service) STATE HOSPITAL unknown Records: the ig physician. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one ceusa per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Congestive heart failure IMMEDIATE CAUSE (e) DUE TO Arteriosclerotic heart disease with hypertension Vears Conditions, if any, which been geve rise to immediate ceuse DUE TO (a), steting the underlying Generalized arteriosclerosis years the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? YES X NO To 20e. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached for ined by (County) (Stete) 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, 2Df. (City or town) Month, Dev. Yeer factory, straet, office bldg., etc.) Not While Hour a.m. at work et work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from 3-14 saw the deceased alive on... 3-19- 19.61., and that death occurred at 7.318, From the causes and on the date stated above. 22b. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Stella Wachsler, M. director, be filed TO FUN 23c. NAME OF CEMETERY OR CREMATORY (State) 238. BURIAL, CREMATION, 236. PATE THEREOF REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) OF EDMONIDS ON AUE DATEMAR 27'61 15M 9/60

AND STATE DEPARTMENT OF HEALTH



the attending physician and campletely filled the funeral director. Then please remave carban papers. Pages 1 and 2 shauld be filed with may be ned by the haspital ar attending physician.

TO FUNERA DIRECTOR: After this certificate has been signed by the attending physician and completely filled. page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages the State Board of Health prior to burial, cremation, or remayal, and in any event within 72 hours after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPI

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2782 DIVISION OF

02764

1. PLACE OF DEATH o. COUNTY	Baltimore		MARYI		o. STATE	Mary]		d lived. If instituti b. COUNTY		ice befor	re admiss	ion)
b. CITY OR TOWN (IF RURAL ond give ned Caton		ts, write	c. LENGTH OF STAY I		e. CITY OR Baltim		utside corpo	orate limits, write F	RURAL and	give nec	arest town	1)
d. NAME OF HOSPITA OR INSTITUTION			address)		d. STREET A			D2 - 1				FARM?
SPRING GR			SPITAL		L455	Wasni		Blvd.			AE2	NO [
3. NAME OF DECEASED	Fir		Middle		las	it	4. DATE OF	Moi		Do		Year
(Type or print)	Will		Josep		Maher		DEATH		7	30		19 01
S. SEX		7. MAR	RIEDEN NEVER MARRIE		DATE OF BIRT			9. AGE (In years lost bipthday)	Administration .	Days	Haurs	ER 24 HRS
male	whit e	WIDOW			Aug; 2	-		60 yrs.		00/.	110013	744.11.
	N (Give kind of work on the life, even if retired) nt manager)	. KIND OF BUSINESS OF	r industr		ACE (Stote o		country)	12.CITI		WHATC	COUNTRY
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
Unknown					u	nknown						
15. WAS DECEASED EVER			SOCIAL SECURITY NO.	17. INFO	RMANT			Add	lress			
no (res. no, or unknown)	f yes, give war or dates of s		220-12-6854	Rec	ords:	SPRIN	G GR	OVE STAT	E HO	SPIT	AT.	
Conditions, if on gave rise to im cause (o), storting to lying couse lost. PART II. OTHI 20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO y, which he under- CER SIGNIFICANT CON SUNDERLYING CAUSE OF DEATH AEDICAL EXAMINER)) A) DITIONS	contributing to DEA Cardiae fai rterioscler CONTRIBUTING TO DEA Pneumoni SCRIBE HOW INJURY OC	luure otic TH BUT NO a CCURRED. (Enter noture o	O THE TERMII	NAL DISEAS	SE CONDITION GI		ONS	PERFO	DEATH
20c. TIME OF INJURY Hour a.m. p. m. 21. I certify that saw the decease 22c. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	Stella	Wa	ded the deceased	fram	ATTENDIN	10:20 d al 20	M, fram	March the couses or STAFF PHYS. GROVE S'	nd an the	e date	stated 22	d abave b. DATE SIGNED
23g. BURIAL, CREMATION REMOVAL, Specify)	APRIL 3.		23c. NAME OF CEME	TERY OR O	REMATORY			TRAR 256. REG			(Stot	'e)
FRED, A.C	OLE /	1913	W. BALTO	.ST.		DATE AF	R3	61	11.00	2 40		

Bucsh ATABUTO EN ENLESSO A STATE OF THE REAL PROPERTY.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be and by the haspital ar attending physician.

TO FUNERAC DIRECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, crematian, or remaval, and in any event, within 72 hours after death.

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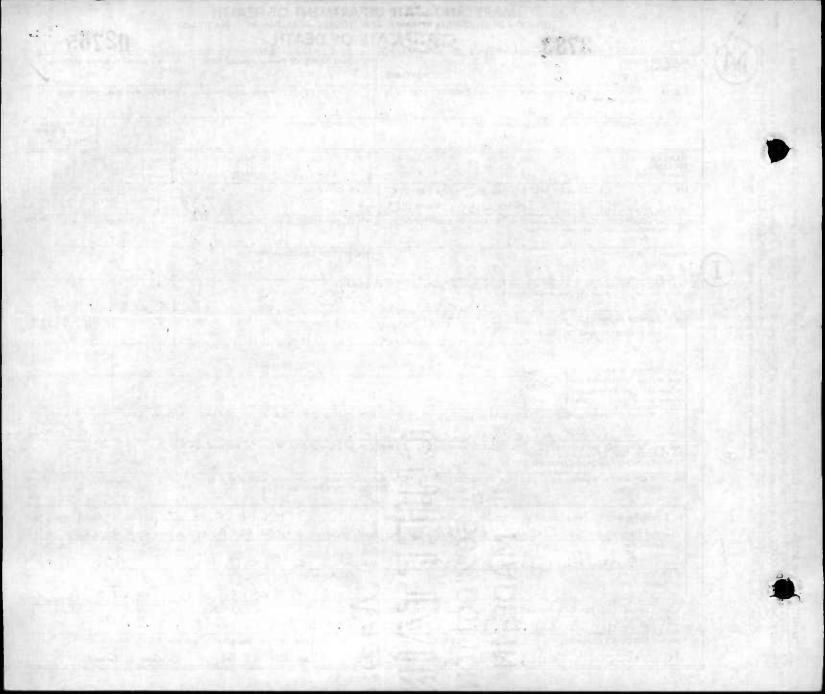
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CENTIFICATE OF DEATH

MAMAR

-	2783 Item 9 Prim GO	AIE OF DEATH	UA	705
	PLACE OF DEATH D. COUNTY BAITIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE	d lived. If institution: Residence b b. COUNTY	efare admission)
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	b c. CITY OR TOWN (If autside carpo	rate limits, write RURAL and give	nearest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION LLEGE ANOV	d. STREET ADDRESS	69X-3	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Abraham Bell	MAL COLM SON DEATH	March	Day Year 1961
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH MAV 9 1879	9. AGE (In years lif UNDER 1 YE Months Day yrs.	FAR IF UNDER 24 HRS. ys Hours Min.
100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INI during most of working life, even if retired)	DUSTRY 11. BYRTHPLACE (Stole or foreign of	N. J. U	. S.A.
13.	FATHERS NAME Bell MALCOLMSON	14. MOTHER'S MAIDEN NAME TULIA BAY	tleson	
15. Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 No. or unknown) If yes, give war or dates of service) No. ve	Reller R.M.	College Ma	axor
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brown class be			NTERVAL BETWEEN DISET AND DEATH
	DUE TO Conditions, if ony which) (b)			
	gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> Out to compare the under-lying cause last.			
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH E	BUT NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART 1(0	PERFORMED? YES NO
L CERTIFI	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter noture af injury in Part I ar Par	t II af item 1B.)	
MEDICAL	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. Haur o. m. 19 While at wark of wark	PLACE OF INJURY (Home, farm, foctory, street, affice bldg., etc.)	or town) (Cour	nty) (State)
	21. I certify that (I) (this haspital) attended the deceased frames aw the deceased alive an Wax 16 19:61, and that	m1956 , to_ it death accurred at 46£M, fram		that (I) (we) last ate stated abave.
	Enest C. Brown fr	M.D. ATTENDING MED. DIRECTOR	STAFF PHYS.	22b. DATE SIGNED (8, 196)
	22c. PHYSICIAN'S NAME (Type)	10) N-Calve	tst, Balt	- Me
23 Re	Burial, cremation, 23b. Date thereof 23c. Name of cemeters emoval Burial Mar 29, 1961 Luther	~ 1 D	TION (City, town, or county) oklyn, N.Y.	(State)
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGIST		ATURE
	John Burns Sons Towson Many	land DATEMAR 21 '6	1 11-11-12 8 40	au A



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 2784 director, after death. Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND funeral b. CITY OR TOWN (If outside carparate fimits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest town) RURAL and give negrest tawn) sha d. NAME OF HOSPITAL (If not in haspital, give street address), the d. STREET ADDRESS OR INSTITUTION 3. NAME OF First Middle 4. DATE Last Manth DECEASED (Type ar print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED M NEVER MARRIED 8. DATE OF BIRTH AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Manths WIDOWED [DIVORCED [yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of warking life, even if retired) ofter 13. FATHER'S' NAME 14. MOTHER'S MAIDEN NAME AN SCR NNA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15002 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) permit. Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PAST II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) factory, street, affice bldg., etc.) a. m. While Nat while at wark at work 21. I certify that I attended the deceased from to Lithat I last saw the deceased and that death accurred af 30 ...M, from the causes and an the date stated above. ADDRESS (Sireet, city or town, state) ACTUAL SIGNATURE P ge 3 skoul registrar PHYSICIAN'S NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

10000

ON A FARM? YES NO NO

Year

19

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

DATE SIGNED

(State)

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

24g. REC'D BY REGISTRAR

DATE

Day

Days

agod the VS A15 (4) 15M 10/57

FUNE

220. BURJAL, CREMATION, 22b. DATE THEREOF

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	78	1	CERT	IFICATE	Ur	DEAII	Т
	- 0	V					

Reg. Dist.	No.	112	7F	1
	4 . 6	U	-	-

	PLACE OF DEATH	Baltimore		MAR	YLAND	2. USUAL RESH	ence (when ary la	ere decease	d lived. If institu b. COUNT		ence befo	re admiss	ion)
	B. CITY OR TOWN (I	outside corporate limi grest town)	ls, write	8 Month		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore							-4
	d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION 541 South Marlyn At					d. STREET A		Bou	ldin S	. ·			PARMA NO TO
	NAME OF DECEASED (Type or print)	John Fir	st	Middl		reinial		4. DATE OF DEATH	Ma:	reh	10,	•	Year 61
	sex [ale	6. COLOR OR RACE White	7. MARR	D DIVORC		B. DATE OF BIRTI		888	9. AGE (In years)	Months	R 1 YEAR Days	Hours	R 24 HRS, Min,
100 F	dusing most of work	N (Give kind of work in life, even if refired	ot .	Standard		1.	Polar	-	ountry)	12. C	J.S.	A .	COUNTRY?
13. FATHER'S NAME George Marciniak 14. MOTHER'S MAIDEN NAME Veronica Papirowski													
15. (Ye	WAS DECEASED EVE	NONE OF DOTES	CES? 16.	SOCIAL SECURITY NO		rs. He	len N	larc i		dress 018 8	5. B	oul	din St
MEDICAL CERTIFICATION	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR' Hour o. m. p. m.	nmediote (20b. DESC 20b. DESC 20d. In White of work	NJURY OCCURRED Not white at work	20e. PU	ACE OF INJURY (I	Home, forms bldg., etc.	20f. (City	r II of item 18.)	,that ((County)	PERFO YES	(Stote)
220	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) D. BURIAL, CREMATIO REMODIAL (Specify)	Payam R. Bon N. 120. DATE THEREG 3-13-196	in VIA	Mein to 122c. NAME OF CEN	ten			ADDRESS (S	the causes treet, city or town	stote) CF or county	9AB	70	ATE SIGNED
	FUNERAL DIRECTOR	7		ADDRESS				D BY REGIS	TRAR 24b. REC	STRAR'S S	IGNATUI	RE	

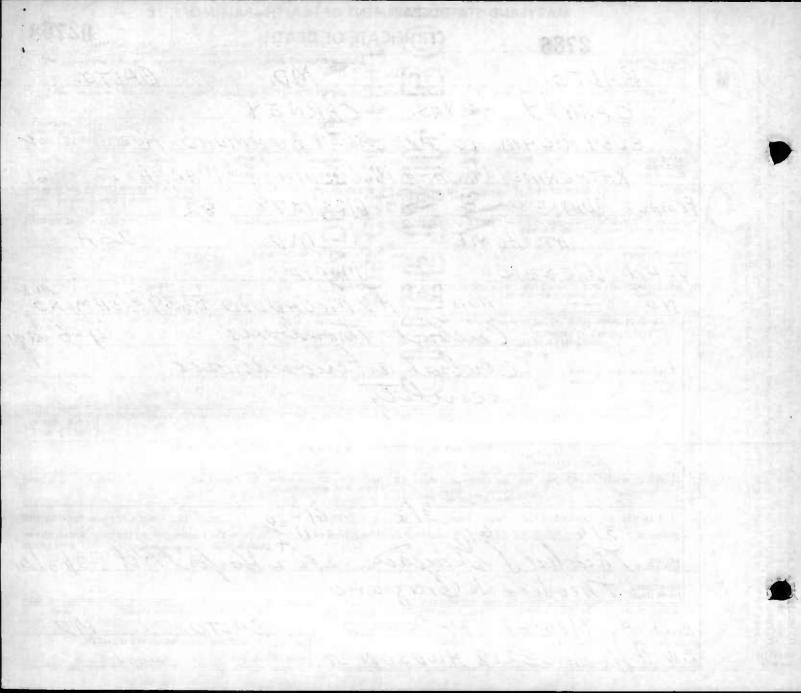
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and or one particular or 12701.				
The same of the sa	The Sign barrage	tue of the		
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	Transfer Street	and a	AL HOLD IN	ale many

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

SE CERTIFICATE OF DEATH

(12768) Reg. Dist. No.

	2786	CERTIFICA	E OI DEAIII	Reg. Dis	t. No.
1. PLACE OF o. COUNT	BALTO.	MARYLAND	2. USUAL RESIDENCE (Where deco	eased lived. If institution: Residence b. COUNTY BALL	te before admission)
	R TOWN (If outside corporate limits, write and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside c	arporate limits, write RURAL and g	ive nearest town)
d. NAME OR INS	OF HOSPITAL (If not in hospital, give stree STITUTION RICHMO	ND AVE.	d. STREET ADDRESS 8639 RICHI	MOND AUS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or p	Print) KATHERINE	VIRGINIA MO	CADDIN OF	ATH MARCH	Day Year 12 1961
FEMA	111.15 -	RRIED NEVER MARRIED B.	6/28/1878	In at himstelland live a 1	1 YEAR IF UNDER 24 HRS Days Hours Min.
10o. USUAL (during n	OCCUPATION (Give kind of work done 10th	KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign	gn country) 12. CITIZ	EN OF WHAT COUNTRY
13. FATHER'S	NAME	1:16	14. MOTHER'S MAIDEN NAME		7/
JOH	IN WEBER		MARIA		
15. WAS DEC	CEASED EVER IN U. S. ARMED FORCES?	NONE HIL	ORMANT P. McCADDI	N 8639 RIC	HMOND
18. CAU	JSE OF DEATH [Enter only one couse per	line for (o), (b) and (c).]	1-0		INTERVAL BETWEEN
P	PART I. DEATH WAS CAUSED BY:	erebral 1	Mondon	1	ONSET AND DEATH
22	DUE TO	2 2	/	1 .	9
Condi	tians, if any, which) (b)	Brekner On	teriorell	20218	
	rise to immediate	- wow de	-		
	o), stoting the <u>under-</u> DUE TO ause last.	remely			
CATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	CIDENT WAS UNDERLYING 20b. DE ITRIBUTING CAUSE OF DEATH R, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or	Port II of item 1B.)	
	ur a.m. Whil	fa aka	E OF INJURY (Home, form, ry, street, office bldg., etc.)	(City or town) (C	ounty) (Stote
21, I c	ertify that Lattended the deced	ised from 3/6	, 19 Gf, ta G	, 19,that I la	st saw the deceased
alive o	2/1	6/0, and that death of	. 117/	am the causes and an the	
	4/ / /	PU C		S (Street, city or town stote)	DATE SIGNE
ACTUAL	URE / hearlory	Mayar.	D. 2802 H	arford Red	3/13/0
PHYSICIA NAME (1		V. Grazia	no		
	CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY 22d. LC	OCATION (City, town, or county)	(Stote)
BUK	TAL 3/15/61	PARKWOO	D BF	ILTO.	MD.
23. FUNERAL	DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY RE	GISTRAR 24b. REGISTRAR'S SIC	SNATURE
D.10.9	Hollmann 321	& HUDSON	/ ST DATE MAR 1	4 '61 Orthung &	* Kraua



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

2787

CERTIFICATE OF DEATH

02769

1.	PLACE OF DEATH					2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission)						
		altimo	re	MA	RYLAND	o. STATE Maryland b. COUNTY Baltimore						
	b. CITY OR TOWN (f outside con	porete limits.	c. LENGTH OF	-							
	write RURAL end	give neerest On Svil		Lyr3mth7	dvs	Timonium, M	arvl and	X				
-			-	n hospital, give street e	. N	d. STREET ADDRESS	ary rano			e. IS F	ESIDENCE	
		ROVE		OSPITAL		40 Gorsuch	Road	- 1	31.3		A FARM?	
3.	NAME OF DECEASED		First	Middle		Last	4. DATE OF DEATH	Montl	1	ey Yes		
_	(Type or print)		Laura			McCoy		Marc			61	
3.	SEX	6. COLOR	OR RACE 7. MA	RRIED NEVER MAR	RRIED B	DATE OF BIRTH	9.	AGE (In yeers lest birthday)	Months Day		R 24 HRS.	
	female	whit	-	DIVOR	RCED	1885?		75 yrs.		110013		
10.	s. USUAL OCCUPATI	ON (Give ki	nd of work 10	b. KIND OF BUSINESS	OR INDUSTR	Y 11. BIRTHPLACE (Cour	nty & State, or fo	oreign country)	12. CITIZE	N OF WHAT	COUNTRY?	
	housewif			DWKI HOI	ME	Kentuck	У		U. S	5. A.		
13	. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
			Murphy			Mary He	elems					
	. WAS DECEASED EVI			16. SOCIAL SECURITY	Y NO. 17. I	NFORMANT		Address				
	unknown	,		unknown	R	ecords: SPR	ING GR	OVE ST	CATE HO	SPITAL		
	18. CAUSE OF D	EATH [Ente	r only one ceuse	per line for (e), (b), an	d (c).]					INTERVAL BE		
	PART I. DEATH	MAS CAU	SED BY:	erminal pn	eumoni	2				ONSET AND	DEATH	
	477.1		DUE TO									
	Conditions, if eny	which >		rtemoscle	rotic	cardiovascul	ar disa	280	100			
	geve rise to Immedia		1-7	4 001100010	LOULO	cararov ascar	ar dibe	ane.				
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-	ceuse lest.)	(c)	CONTRIBUTION TO BE	A THE DIST NO	T RELATED TO THE TERMI	NIAL DISCASS C	ONDITION OF	4551 IN 1 D 4 D 7 44	110 MAG	ALITORCY	
CERTIFICATION	PART II. OTHER	SIGNIFICAL	AI CONDITIONS	CONTRIBUTING TO DE	EATH BUT NO	I RELATED TO THE TERMI	NAL DISEASE C	ONDITION GIV	ZEN IN PART I(e		DRMED?	
읦	20e. ACCIDENT WA			DESCRIBE HOW INJUI	RY OCCURED	(Enter neture of injury in	Pert I or Pert II	of item 1B.)		1 4		
	OR CONTRIBUTING	MEDICAL E	OF DEATH KAMINER)					Heren's		370		
MEDICAL	20c. TIME OF INJU Hour a.m.	RY Montl	· ·	Not While Not While work		CE OF INJURY (Home, ferr ory, street, office bldg., etc		or town)	(County		(State)	
2	p.m.	415 4-1	- 17			May 10	10 EQ .	Monah	71, 1067		() !	
				ttended the decea			19.5.9 to					
	saw the deceas	ed alive	onParci	1 14 1901	, and that	death occured al.	M, from	the causes	and on the	date state	d above	
	22e. SIGNATURE	Sto	ella	hacles	Clam		MED.	STAFF PHYS.	3-11		SIGNED	
	22c. PHYSICIAN'S					22d. ADDRESS ST	PRING G	ROVE S		OSPITA	T.	
	NAME (Type)	St	ella Wac	hsler, M.	D.		tonsvil					
23	e. BURIAL, CREMATI	ON, 23b. I	ATE THEREOF	23c. NAME OF	CEMETERY	OR CREMATORY		TION (City, to			Stete)	
-	REMOVAL (Specify)	13/1	5/61	20000	117	4Rt	BAL	170.1	ND,			
24	FUNERAL DIRECTOR	'S SIGNATU	RE	ADDRESS		25e. REG	C'D BY REGISTE	RAR 25b. RE	GISTRAR'S SIG	NATURE		
1	11776	FF	7.410	1 EDMAN	VDSAN	AUE, DATE A	MAR 1 6 10	1				
	1-4011		0110			A Land	INTI I U D	-	Willey 8.	Turis		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNNALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

ISIGIA	OF STATISTICAL	RESEMBLIN MIND RECORDS,	301	AA. PKESIOIA	
	2789	CERTIFICATE	O	DEATH	

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a. COUNTY	H			2.		CE (Whare da	7		Idance before admission
Baltimon	e		MARYLA	ND	a. STATE		b. COUN	II SV	01-4
b. CITY OR TOWN	(if outside corporata limi d give nearast town)	its,	c. LENGTH OF STAY II		c. CITY OR TOWN		orate limits, write	RURAL and gi	ive nearest town)
Fort Howa			30 Days		4215 Wid	kford I	Pood Po	1+1man	5W 01 0
	TAL OR INSTITUTION	if not in hospi			d. STREET ADDRESS	.m.o.u.	ioau, ba	TOTMOT	e 10 Md a. IS RESIDENCE ON A FARM?
Veterans	Administrat	tion Ho	enitel		4215 Wic	kford I	bood.		YES NO
NAME OF	First		Middla		Last	4. DATE	Month	C	Day Year
DECEASED (Type or print)	CITADI	C TOPS				OF DEATH	Mamah		30 1961
SEX	CHARI	T MARRIED	MELVIN NEVER MARRIED	7 8. D.	MCLAUGHLIN	19.	March AGE (In years		
							lest birthday)	Months Day	
Male	White	WIDOWED		11100	20, 1908	1 5	2 yrs.	12 CITIZE	N OF WHAT COUNTRY
	orking life, aven if ratira		ID OF BUSINESS OR IN	DUSTRE	1. 8IRTHPLACE (Cour	nry & Stata, or I	oreign country)	12. CITIZEI	N OF WHAT COUNTRY
Handyman		Odd	Jobs		Baltimore	, Mary	and	1	U. S. A.
FATHER'S NAME				14.	MOTHER'S MAIDEN	NAME			
Tames M.	McLaughlin		ALCO PENT		Mary Ford				
WAS DECEASED E	FR IN U.S. ARMED FOR		OCIAL SECURITY NO.	17. INF	DRMANT		Address		
	If yes give war or detas of s WW II		-05-7286	Clin	ical Recor	ds, VAI	I, Balti	more 18	8 Maryland
Yes	DEATH [Entar only one			-			FOLC	noward	DIVISION INTERVAL BETWEEN
	VO GENERAL CALLED OV			att oa	THE THAT ATM	CETOTE A T	ACCITATION		ONSET AND DEATH
000	IMMEDIATE CAUSE (a)		NARI TUBERC	JULUS.	IS, FAR AD	VAINCELL	ACTIVE		UNKNOWN
000	* XXEXX	The second second	and the same						
Conditions, if an	y, which (b)	SQUAM	OUS CELL CA	ARCIN	DMA, PHARY	NX, WIT	H METAST	CASIS	
gava risa to immad (a), stating tha	X X McXr X	TO RI	GHT CERVICA	AL LY	MPH NODES				UNKNOWN
causa last.		ARTER	IOSCLEROSIS	S. GE	NERALIZED				UNKNOWN
PART II. OTHE	R SIGNIFICANT CONDI					NAL DISEASE C	ONDITION GIV	EN IN PART 1(a	a) 19. WAS AUTOPSY
					to the Land				YES NO
20a ACCIDENT W	AS UNDERLYING	1 20h DESC	RIBE HOW INJURY OC	CURED (F.	tar natura of injuny la	Part I or Part II	of itam IR)		112 00 110
OR CONTRIBUTING	CAUSE OF DEATH		NOT THOSE OC	CORED. (EI	ig, name of injury in		J. 1.011 10.1		
	MEDICAL EXAMINER	1							
20c. TIME OF INJ	JRY Month, Day, Ya	ar 20d. IN Whila	JURY OCCURRED 20		OF INJURY (Homa, ferr streat, offica bldg., atc		or town)	(County	(Stata)
Hour a.m.	19		at work						
	that (DK (this hospit	tal) attende	ed the deceased i	from Fe	bruary 28	1960 to	March	30. 196	1 that 14) (we) la
enw the decer	sed alive on Man	rch_30	1067	that da	ath occured at 2	15,	the causes	and on the	date stated about
22a. SIGNATURE	Sed allow Oil. Takes	7	17.9/4, and	mai de	ain occured ai.	/vi, 11 Om	IIIa canzaz	and on the	22b. DATE
ZZa. SIGNAUIA	1	4	0			MED.	STAFF		3/30/85
	Corned.	- / re	Mean	M.D.	PHYS.	DIRECTOR	PHYS.		3/3-/
22c. PHT CIAN'S						THORR 1	S MD EN	n noma	D DIVISION
THOMA									D DIVISION
	ION, 23b. DATE THE		23c. NAME OF CEME				TION (City, tow	vn or county)	Marriand
REMOVAL (Spacify	#-3-	6/ B	altimore Na	ation	al Cemeter	A Ratt	imore	20,	Maryland
FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS				RAR 25b. REC	SISTRAR'S SIG	SNATURE
	ight, Inc.,	6000 H	arford Rd.	.Ba]t	0.14 DATE	PR 3 '6	1 0	When & 9	4
MIII - COOK - BT	TENT COMPAN	ון לטטטי	CLACIC INC.	,	DAIL			7	Liella

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cermicate be execused within an increase death.

S 4 may be retained by the hospital or attending physician.

TO FUNEAL DIRECTOR. After this certificate has been signed by the attending physician and completery liked in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

6131	CERTIFICATE	OF DEATH	16663
1. PLACE OF DEATH Baltimore	MARYLAND 2.	USUAL RESIDENCE (Where deceased lived. If institution of STATE $$\mathbb{M} \ensuremath{\mathbb{G}}$$, b. COUNTY	n: Residence before admission) Baltimore
b. CITY OR TOWN (If outside corporate limits, write c. L RURAL and give neorest town) Baltimore	ENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RI Baltimore	JRAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress or institution 4409 John Aven		d. street address 4409 John Avenue	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Georgia L.	Melia Melia	Last 4. DATE Mont	h 23, Day Yeor 19 61
s. sex 6. COLOR OR RACE 7. MARRIED WIDOWED WIDOWED		NOV. 7. 1879 9. AGE (In years lost birthdoy) 81 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NOUSEWIIE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME	1	4. MOTHER'S MAIDEN NAME	
William G. FWMMXX	Groomes	Almira A. Brown	
(Yes, no, or unknown) (If yes, give war or dates of service)	ne Le	o Melia 4409 John Ave	nue mai
Conditions, if ony, which gove rise to immediate cause (o), stating the under-lying cause lost.			
CATIC		T RELATED TO THETERMINAL DISEASE CONDITION GIV	EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	HOW INJURY OCCURRED. (E	Enter nature of injury in Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJUR Hour o. m. While of work		OF INJURY (Home, form, 20f. (City or town), street, office bldg., etc.)	(County) (State)
21. I certify that (I) (this haspital) ottended sow the deceased olive on which is		th occurred ofM, from the couses on	
220. SIGNATURE Shin F. Caal	Palian M.D		22b. DATE SIGNED 3/23/4
	ahan	Wilkens Aven	ue
PEMOVAL (Specify)	c. NAME OF CEMETERY OR CO Lorraine Par	REMATORY 23d. LOCATION (City, town, or Rematory Baltimore,	
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		STRAR'S SIGNATURE
Howard H. Hubbard 4107	Wilkens Aver	nue DATE MAR 27'61	Irling S. Thous

may be. Independent or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled ... y the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremotion, ar removal, and in any event, within 72 hours after death.

OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 ho.

irs after death. Page 4

TO HOSPI VR A1S (4) 1SM 9/S9

PLASO TO STADRINGS Lancia Car deter in all men A TEST IN CONTRACT OF THE PROPERTY OF THE PROP The second secon Lorreine reste Come et la l'incre, May Land THE REAL PROPERTY OF THE PROPERTY OF THE PERSON OF THE PER

FOR STATE HEALTH TO DE Y MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a elay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the areal director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND AMERICAL EXAMINER'S CERTIFICATE OF DEATH 1 toms 20 de 11 m G203 C24/01 1 wk

1.	PLACE OF DEATH					RESIDEN	CE (Whare o	laceasad lived, If		Idance bei	fore edmission)
1				MARYLAND	a. STATE	7		b. COUN		1	Hound
)	Baltimore b. CfTY OR TOWN (if	outside corporeta limi	its,	c. LENGTH OF STAY IN 16	Mary c. CITY O		If outside cor	porete limits, writ	Balti RURAL end		
1	Catonsy			ll years		Caton	errille	Ellico	tt Cit	v	13 X-2
1			if not in hos	pilal, giva street address)		ADDRESS		Street		6	IS RESIDENCE ON A FARM?
1	Forest	Haven Nurs	sing H	Iome	3	15 Tn	glesid	e Ave		YE:	account account
3.	NAME OF	First		Middle	Last		4. DATE	Mont	1	Dey	Year
	(Type or print)						OF	150 7	/ 30/3		10
5.	SEX	MARY CAT	CHERIN		B. DATE OF BIRT	Н	11	Mat. T. J.	1961 1961	AP IF III	NDER 24 HRS.
	Female	White	WIDOWE					last birthday)	Months Da		
1	e. USUAL OCCUPATION		,	IND OF BUSINESS OR INDUST	Oct. 29,		or foreign or	,	1.12 (1717)	N OF WH	IAT COUNTRY?
	one during most of wor			IND OF BOSHAESS OK HADOSTI	A. BIKIMPL	MCE (2)ala	or toraign co	unity)	12. СП	N OF WH	IAI COUNTRY?
-	At Home			None			ginia				and the second
13	. FATHER'S NAME				14. MOTHER'S	MAIDEN	NAME				
		ge Cotteril			Margar	et An	n Wine	brenner			
	es, no, or unkown) (If			SOCIAL SECURITY NO. 17.	INFORMANT			Address		7115	
1,,	No No	y = 2 1 40 Wel OI Gales OI 3		Ione I	Elwood M	eller	.7705	N Charle	s St. R	elt.im	nore 1 Md
=		EATH [Enlar only one		ine for (e), (b), and (c).]	J_11000 111	01101	,	iv. One 1 Lo	0000		L BETWEEN
		WAS CAUSED BY:		auch a	media	~ =	Tout	Luce		ONSET A	AND DEATH
	411	DUE TO	0	1		, Y				8-8-	
	Conditions, if any,	1.2/	/	leneralis.	1001	(2)	/				
	gave rise to immedia	te cause		0	· cc		fer				
	(a), steting the un	derlying DUE TO		Parli	872	cul	and	wear			
	cause last.) (c)			• 0						
0 N	PART II. OTHER	SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BUT NO	OT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART 1		AS AUTOPSY ERFORMED?
3	Bullion William									YES [NO N
CERTIFICATION	20a. EXTERNAL CAPPIMARY ☐ or CONCAUSE OF DEATH.		Ob. DESCRI	IBE HOW INJURY OCCURED. (Enter nature of In	jury In Par	f or Part fl o	f Item 1B.)			
1	20c. TIME OF INJUR	Y Month, Day, Ye	er 20d.	INJURY OCCURRED 200, PLA	ACE OF INJURY (Homa, farm	. ' 20f. (Cil	y or town)	(County	1	(Steta)
MEDICAL	Hour a.m.	19	While at work	Not While fac	lory, street, office						(0.0.0)
	21. I certify tha	at I took charge o	of the rem	ains described above, he	eld an Autops	у 🔲,	Inspection	Inquir	y 1 2	and in m	ny opinion
	death resulted fr	om: Natural ca	uses 📆	Accident , Suic	ide 🗍, H	omicide	T. UI	ndetermined m	anner 🗍		
		en -	~		CHIEF	MEDICAL I	XAMINER [7 1			
	ACTUAL /	4	h	11. 111.	ACCIC		ICAL EXAMI	150 7	10/16	119	STONED
	SIGNATURE	7	1	reffer	M.D.				0	-DAIL	BRIVED
	EXAMINER'S (NAME (Type)	-EOS.	MK	IL PIE			EXAMINER	count of	Lee	de	pre
22	a. BURIAL, CREMATION REMOVAL (Spacify)	N, 226. DATE THERE	OF	22c. NAME OF CEMETERY O				TfON (City, lown	or country)		(State)
	Burial	3-17-6	67	St. Johns			Ella	cott Cit	w Md		
23	. FUNERAL DIRECTOR			St. Johns		24a. REC	'D BY REGIST	RAR 24b. REG	STRAR'S SIGN	NATURE	
F	.C. Higinbo	thom, Ellic	ett Ci	ity, Md		DATE	MAR 1 6	'61	arthur S.	Kraus	
-											

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 moy be a fised by the hospitol ar attending physicion. Defune Directors: After this certificate hos been signed by the attending physician ond campletely filled the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar priar to burial, crematian, ar removal, and in any event within 72 haurs after death.

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2793

CERTIFICATE OF DEATH

Reg. Dist. No. 12775

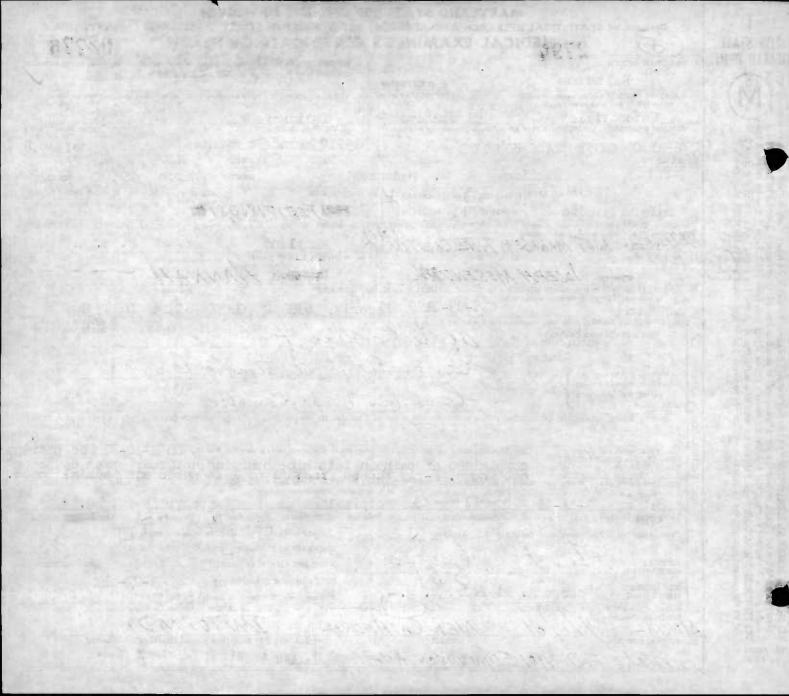
	COUNTY BOILTIMORE	MARYLAND	2. USUAL RESIDENCE (W. g. STAYE		b. COUNTY	dence before odn	nission) U
	o. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	2 weeks	1 China	outside corporate lin	mits, write RURAL ar	X = 2	own)
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION NULLSUALE ROAL	address)	Mariotts	ville de	rad	10	RESIDENCE A A FARM?
	NAME OF DECEASED (Type or print) Francis	Charles MI	entze))	4. DATE OF DEATH	March	Day 21	Year 1961
5.	M W WIDOWE		Jan 12, 191	4	t birthday) Month	Days Hou	
	USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)	nstruction	Washin	glon P	C. 12.	CITIZEN OF WH	AT COUNTRY?
13.	Emuel Hent Men	tzell	14. MOTHER'S MAIDEN	1 Ews	ng		
1S. {Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (If yes, give wer or date of service) 19.56 - 19.57		informant Ina May Men	toell -	Address		
	18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (o), stating the under-lying cause lost.	ne for (o), (b), and (c).]	of Colon			ONSET A	BETWEEN ND DEATH
IFICATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU				PER	S AUTOPSY FORMED?
AL CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. p. m. 19 White at work	Not while fe	LACE OF INJURY (Home, far actory, street, affice bldg., et	n, 20f. (City or tav	wn)	(County)	(State)
220	21. I certify that I attended the decease alive on 3 - 20 , 196 ACTUAL SIGNATURE Charles H. Mills PHYSICIAN'S Charles H. W. I BURIAL, CREMATION, 22b. DATE/HEREOF/	Cams	n occurred at 5155 M.D. 1632 P.Hes	AM, from the ADDRESS (Street, o Reiste Ville	ity or town, state) rs tow 8 1 Mc	the date sto	oted abave. DATE SIGNED
	Durial 3/23/6/	Balto Wat	Lough Colm.	Dal Dal	City town, or county	led."	tate)
23.	FUNERAL DIRECTOR'S SIGNATURE,	28 Flerth	PA DATE	DAY BEGISTRAR	24b. REGISTRAR'S		

及行品(D)的情况,然是一种加强的可以可能被使用的证明。 CERTIFICATE OF DEATH

W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RE CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, If institution; Residence before edmission) a. COUNTY b. COUNTY Baltimo re Mary Land MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write-RURAL and give naarest town) write RURAL and give nearest town) directo Catonsville Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) 0 d. STREET ADDRESS . IS RESIDENCE ON A FARM? 3212 Ferndale Avenue SPRING STATE HOSPITAL YES NO NAME OF First Middle 4. DATE Month Day DECEASED with the William in pencil in Item 18. Give Pages 1, 2, and 3 to the Office along with form PM3. Page 5 may be reburial-transit permit. File Mesenzehl (Type or print) March 19 61 DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Hours male white WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work permit, File pages 1, and any event within 72 H 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Joins proport working life even if retired) U. S. A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or dates of service) 086-05-0199 Records: SPRING STATE 18. CAUSE OF DEATH [Enter only ona cause per lina for (a), (b), and (c).] INTERVAL BETWEEN .5 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) DUE TO removal, This certificate should any, which scute the certificate, writing the word "pending" be forwarded to the Chief Medical Examiner's CAL DIRECTOR: Page 3 should be used as a Egnated agent, prior to buriel, cremation, or rem gave rise to immadiate cause DUE TO (a), stating the undarlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)1 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO Z 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury In Part I or Part II of itam 18.) On 3-10-01 20a. EXTERNAL CAUSE WAS the patient PRIMARY | or CONTRIBUTING | pain in left hip; bruising noticed; exact cause by showed fracture of left pubic and ischial bones.

| Your County | Your County | Your County | You | complained of CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yea factory, street, office bldg., etc.) Not Whila Hour a.m. at work at work hospita Catonsville 28. prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 1 Inquiry . and in my opinion agent, death resulted from: Natural causes Accident | Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL designated ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL 2 DEPUTY MEDICAL EXAMINER EXAMINER'S George M. Kieffer, pluods NAME (Typa) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATOR 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. 22d. LOCATION (City, town, or country) (State) DE REMOVAL (Specify) 240 g 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME arthur S. Kraus ICI EDMONDSON AU DARPR 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. NAME OF DECEASED 2. DATE OF DEATH (Type or Print) the 12 3. PLACE OF DEATH IN BALTIMORE, MARYLAND by # 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET after .⊑ ₩ FULL NAME OF HOSPITAL OR Pages ADDRESS OR LOCATION illed C. CITY OR TOWN INSTITUTION (If outside city limits, write RURAL and give township) papers. D. STREET ADDRESS (If rurol, give location) 72 within S. SEX 6. COLOR OR RACE SINGLE, MARRIED 8. DATE OF SIRTH 9. AGE (In years lost birthdoy) carbon If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) and Manths Days Haurs Min. do 10.A USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR INDUSTRY physician remove 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? wark done during most of warking life, even COA 13. FATHER'S NAME attending and 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT (Yes. no ar unknown) (If yes, give war or dates of service) ADDRESS SECURITY NO. g physician. signed by the permit. 18. o CAUSE OF DEATH INTERVAL SETWEEN ONSET AND DEATH cremation, DISEASE OR CONDITION DIRECTLY the burial-fransit LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) DIRECTOR: After this certificate has been DUE TO burial, **ANTECEDENT CAUSES** DISEASES OR CONDITIONS, IF ANY, GIVING as RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION use prior detached for the of Health OTHER SIGNIFICANT CONDITIONS CONTRIBUTING retained by TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION Dept. 20. AUTOPSY? pe 22. I certify that (I) (this-hospital) ottended the deceased from... should State 3-5- 1961 ___, that (I) (we) lost saw the deceosed alive an____ 3 FUNERAL page 23A. SIGNATUREwith 23s. ADDRESS 23c. DATE SIGNED director, r ATTENDING PHYS. M M. D MED. DIRECTOR STAFF PHYS. 24A. BURIAL, CREMATION, REMOVAL (Specify) death. 248. DATE 24c. NAME OF CEMETERY OR CREMATORY (City, town, or county) (State) 25A. DATE REC'D BY HEALTH DEPT. VR A15 (4) 258. NAME OF REGISTRAR 25c. FUNERAL DIRECTOR 15M 9/60 8. Thous

MARYLAND STATE DEPARTMENT OF HEALTH

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2796 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 1)2778
1. PLACE OF DEATH a. COUNTY Baltimore 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTYBaltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LÉNGTH OF STAY IN 1b C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Dundalk (22) 7 years Dundalk (22)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
3. NAME OF DECEASED TOWN S First Middle MA-F- (Lost 4. DATE Month Day Year
(1ype of print) The lift of th
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Miner Soft Coal West Virginia USA
13. FATHER'S NAME James Nelson Mitchem 14. MOTHER'S MAIDEN NAME Margaret Evans
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or doles of service) 236-05-6095 Ruby A. Mitchem same as #2
18. CAUSE OF DEATH [Enter only one cause per line for (g), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) ONSE AND DEATH ONSE AND DEATH ONSE AND DEATH
Conditions, if any, which) (b)
gove rise to immediate cause (a), stating the underlying cause last. DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of two or work of two oreal work of two or work of two or work of two or work of two or w
21. 1 certify that I took charge of the remains described abave, held an Autopsy, Inspection, Inquiry, and find the death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined cause
ACTUAL SIGNATURE OUR COLLEGE M.D. CHIEF MEDICAL EXAMINER (
EXAMINER'S SACK O COLLINS DEPUTY MEDICAL EXAMINER 3-16-6/
220. BURIAL, CREMATION, REMOVAL (Specify) Burial 22b. Date thereof At Tabor Cemetery OR CREMATORY Beckley. West Virginia
23. FUNERAL DIRECTOR'S SIGNATURE Walter Brooks Bradley, Inc., Dundalk 22, Md MAR 2 0 '61 ADDRESS 246. REC'D BY REGISTRAR'S SIGNATURE ANDRESS A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2298 MEDICAL EXAMINATES CERTIFICATE OF DEATH Tanny Valshiam as suga mortadile. A viola The second results of the second TE MEDIANNICHT IN ALLEND MINK AT IN MINK AT THE PROPERTY OF TH William Stroom Result of Tues, Duning S. R. Heller

MARYLAND STATE DEPARTMENT OF HEALTH

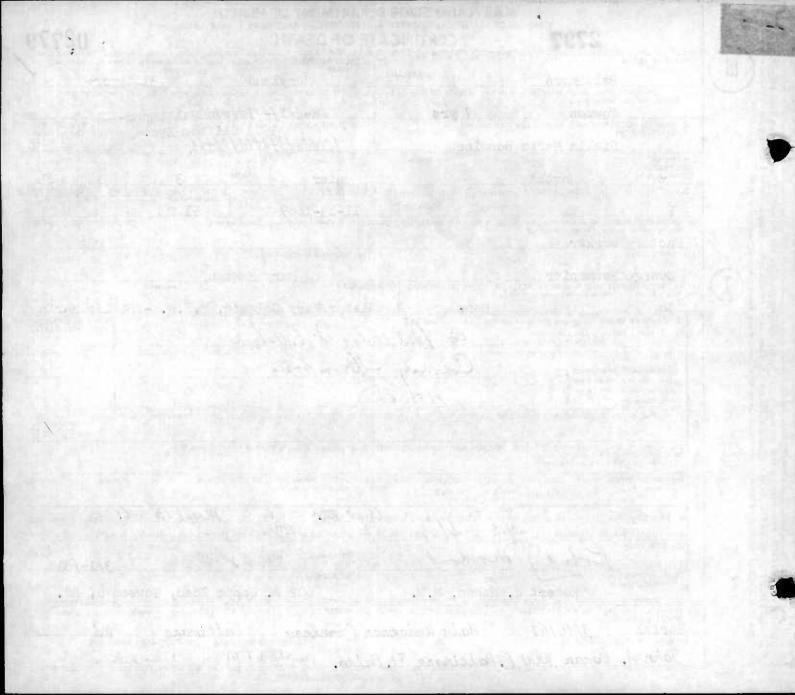
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2797

02779

1. PLACE OF DEATH o. COUNTY	Baltimore	i tem		RYLAND	o. STATE	Where deceased	l lived. If instituti b. COUNTY		imare	ission)
	(If outside corporate limit	ts, write c.	LENGTH OF STA	Y IN 16	c. CITY OR TOWN (I		rote limits, write R	URAL ond	give nearest to	wpl
OR INSTITUTION	Towson TTAL (If not in hospital, g Stella Maris				d. STREET ADDRESS	1111111	Hold Balt	THE PART OF	ON	RESIDENCE I A FARM?
3. NAME OF DECEASED (Type or print)	Fire		Midd		Last	4. DATE OF DEATH	Mor	nth	Day	Yeor 1961
5. SEX	Martha 6. COLOR OR RACE	7. MARRIED	NEVER MARI	RIED [3] 8.	nmonier DATE OF BIRTH		9. AGE (In years lost birthdoy) Q7 yrs.	IF UNDER	Days Hou	DER 24 HR
during most of wo	ION (Give kind of work orking life, even if retired)	done 10b. KIN			11-13-1869 Y 11. BIRTHPLACE (Sto			12. CIT	IZEN OF WHA	TCOUNTRY
3. FATHER'S NAME	worker				14. MOTHER'S MAIDEN	N NAME			USA	
5. WAS DECEASED EV	Monmonier YER IN U. S. ARMED FOR (If yes, give wor or dates of so		CIAL SECURITY N		ormant ister Mary	ery McMa	Add		tella M	
Conditions, if gove rise to couse (o), stoting lying couse lost PART II. O	immediate DUE TO		A S	BCY L DEATH BUT N	OT RELATED TO THE TER	RMINAL DISEASI	E CONDITION GI	VEN IN PAI	PER	FORMED?
20a. ACCIDENT V	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRI	8E HOW INJURY	OCCURRED.	(Enter noture of injury i	in Port I or Port	t II of item 18.}		YES	□ № 💆
20c. TIME OF INJU Hour o. m p. m.	10	20d. INJU While of work	Not while ot work		E OF INJURY (Home, for ry, street, office bldg., a		or town)	((County)	(Stote
	nat (1) (this hospital assed alive on	attended 3/13	/ /		ATTENDING _	MED.	March 1 the causes at	3 194 nd an th) (we) lassed abave 22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type)		J. Mal	hon, M.D	•	22d. ADDRESS		oa Road,	Tows	on 4, M	Id. `
23a. BURIAL, CREMAT REMOVAL (Specif Burial	3/16/61	OF 2	HOLY Re	METERY OR	REMATORY Cemeteru	23d. LOCAT	TION (City, town,		Md	itote)
John A.	Moran 3000	O E. Bo		St. B	250. RE	IAR 1 7 '6		Chun S.		

rs ofter death. Page 4 ond 2 should be filed with OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours may be a feed by the hospital or attending physician.

TO FUNER ACTORES After this certificate has been signed by the attending physician and completely filled page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 the State Board of Health priar to burial, cremotion, ar removal, and in any event within 72 hours after death. TO HOSPITA VR A15 (4) 15M 9/59

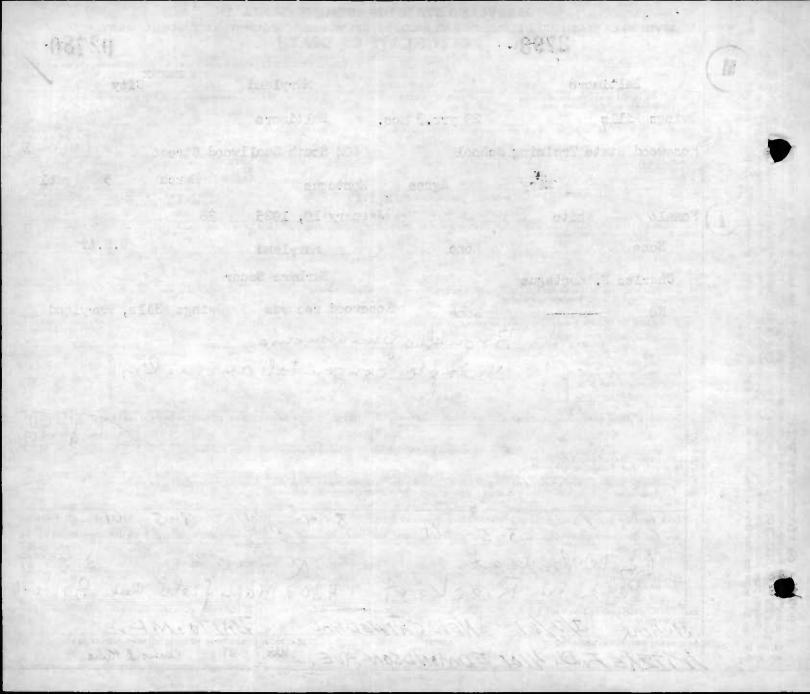


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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 278 02780

Y	1. PLACE OF DEATH a, COUNTY			hare decessed lived, If institution	Residence before admission)
4	Baltimore	MARYLAND	a. STATE Maryland	b. doorx Cit	V
	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16		de corporate limits, write RURAL en	d give nearest town)
	write RURAL and give nearest town) Owings Mills	29 yrs. 3 mos.	Baltimore		V 01-4
7	d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS		. IS RESIDENCE
04			(01 0 11 0 2	1 1 01	YES NO X
	Rosewood State Training Sc	Middle	604 South Smal	lwood Street	Day Year
	DECEASED (Type or print)	Middle	0	F	
	Mary	Agnes	Montague	TAGE OIL	5 1961.
	5. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED 3	DATE OF BIRTH	9. AGE (In yeers IF UNDER 1	Days Hours Min.
1	Female White WIDOV	ED DIVORCED Ja	nuary 10, 1925	36 yrs.	Days Hours Min.
4	1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & St	tate, or foreign country) 12. CIT	IZEN OF WHAT COUNTRY?
	None	None	Manuel and	U	.S.A?
ľ	13. FATHER'S NAME	210210	Maryland 14. MOTHER'S MAIDEN NAME		
-	Charles F. Montague		Barbara Bar	ller	
ŀ	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 10	S. SOCIAL SECURITY NO. 17. I		Address	-
	(Yes, no, or unkown) (Ifyesgivewarordatesofservice)	Ros	ewood records	Ourings Mills	Manuel and
-	NO 1B. CAUSE OF DEATH [Enter only one cause pe		ewood records	Owings Mills,	I INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY:		04. 44		ONSET AND DEATH
	IMMEDIATE CAUSE (a)	rondiopu	e sur anouna		
	DUE TO	01.0.	. + 0	0.	
	Conditions, if any, which gave rise to immediate cause	white co	ongenital c	en ong lies	
	(e), stating the underlying DUE TO	0			
	cause last. (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DIS	SEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED?
	TY .				YES NO
		SCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Part I o	r Part II of itam 18.)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
2	ZOc. TIME OF INJURY Month, Day, Year 20d			f. (City or town) (Cou	unty) (State)
	20c. TIME OF INJURY Month, Day, Year 20d Hour a.m. Wh	ile Not While facto	ory, street, office bldg., etc.)		
			~ 11 mole	1. 7 6 10	7-1
	21. I certify that (this hospital) atte	nded the deceased from	5 =	f, 10	(2.1, that (1) (we) last
		519.(C.I, and that	death occured atM,	from the causes and on	
	22a. SIGNATURE	1	ATTENDING MED.	STAFF	22b. DATE SIGNED
8	Just W Yer 22 Ch 2	M.		OR PHYS.	3-5-61
	22c. PHYSIGIAN'S NAMELITYPE W. R.	reckert	4307 Ma	infield Qu	e Balto14
	238. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	SR CREMATORY 23d.	. LOCATION (City, town or count	ty) (State)
1	REMOVAL (Specify)	NEW CATIL	EDRAL ,	BALTO, MA.	
1	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	1	REGISTRAR 25b. REGISTRAR'S	SIGNATURE
. 1	WITTE E.D. LIMI	EDMONDSON	AUE, DATE	'61 arthur S.	Kraya
1	112/15/10/	- 1010 D 301V	Lie of Marie		



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 2799

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1. PLACE OF DEATH o. COUNTY	Baltimore		MARYLAND	2. USUAL RESI	Mary 1		lived. If instituti b. COUNTY	on: Residence Balti	before admi	ssion)
b. CITY OR TOWN (I RURAL ond give ne Caton SV	f outside corporate limits racest Jown) "III'e	, write c. LENGTH	ys	1 1 - 1	nown (If ou		ote limits, write R	URAL and giv	re nearest tow	rn)
OR INSTITUTION	AL (If not in hospital, given STATE	ve street address) HOSPITAL		d. STREET A		ndson	Ridge	Rd.	ON	A FARM?
3. NAME OF DECEASED (Type or print)	H first	ie	Middle Anna	Los Moc	ody	4. DATE OF DEATH	Mar Mar	ch 24	Day	Yeor 19 61
s. sex female	6. COLOR OR RACE	7. MARRIED (TENE) WIDOWED (VER MARRIED _	B. DATE OF BIRT	н D , 189		9. AGE (In years lost birthday) 69 yrs.		YEAR IF UND Poys Hours	
housewi f 13. FATHER'S NAME	ring life, even if retired)	one 10b. KIND OF B	usiness or ind	14. MOTHER'S	ermany MAIDEN NA	AME	untry)		S. A.	COUNTRY
unkno	R IN U. S. ARMED FORCE		CURITY NO. 17.	INFORMANT	ınknow	n	Add	ress		
unknown	(If yes, give war or dates of ser	vice) unkno	wn E	ecords:	SPRIN	G GR	OVE STA	TE HO	SPITAL	
Conditions, if o gove rise to i couse (o), stoting lying couse lost. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	mmediate (DITIONS CONTRIBUTI		theart d			CONDITION GIV	VEN IN PART	PERF	S AUTOPSY FORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW	INJURY OCCUR	RED. (Enter noture o	of injury in Po	ort I or Port	II of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yea	While Not work of work	hile	PLACE OF INJURY (octory, street, office			or town)	(Co	ounty)	(Stote
21. I certify that saw the decease 220. SIGNATURE	et (1) (this hospital) sed alive an <u>Ma</u> I	attended the dech 23 196	1 , and that	March death accurre	G _ MEI	M, fram	March the causes ar	nd an the	date state	(we) la ed abave 22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type)	Stella	Wachsler,		22d. ADDR	SF	RING tons v	GROVE	STATE Maryl	HOSPI and	TAL
23a. BURIAL, CREMATIO REMOVAL (Specify)	1 3-27-196		ne of CEMETERY	or crematory e Cemeter			TON (City, town, ward Cou		Md .	ote)
24 FUNERAL DIRECTOR		rederick		ve; 28	250. REC'D	BY REGIST		STRAR'S SIGN		

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No. director, iled with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 990 c. CITY OR IQWN (If oulside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES T NO TO NAME OF First Middle DATE Month Day Year DECEASED (Type or print) DEATH 19 5) SEX 6. COLOR OR RACE AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Days WIDOWED N DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUETO Conditions, if any, which) gove rise to immediate DUE TO couse (o), stoting the underlying-sause last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO TI 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) g. n. While while at work 21. I certify that I attended the deceased from Lithat I last saw the deceased atle A. from the causes and on the date stated above. and that death accurred ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL O PHYSICIAN'S NAME (Type) n 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Prince Service 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. RECID BY REGISTRAR 24b. REGISTRAR'S SIGNATURE S. Thrus VS A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH director, filed with PLACE OF DEATH filed o. COUNTY Baltimore MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write pe c. LENGTH OF STAY IN 16 RURAL and give nearest town) PIO Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 2 Highview Ave. puo 3. NAME OF DECEASED Middle filled Pages (Type or print) Mable E. Morgan death 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED ofter DIVORCED WIDOWED KT female white

2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE Md. b. COUNTY Baltimore c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4312 Highview Ave. YES NO T 4. DATE Year DEATH March 10 19 67 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Days 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Baltimore, Maryland U. S. A. housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel L. May Carson Thomas 17 INFORMANT Address IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. Mrs. Eleanor Herion 4312 Highview Ave. no none 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Myccardial Decompensation ArTeriosclerotic Cardio-Vascular Disease PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. While Not while of work of work p. m. 21. I certify that (1) (this hospital) attended the deceased from._ 1961, that (1) (we) last 196 ... , and that death occurred of sow the deceased alive an M, from the causes and on the date stated above 220. SIGNATURE 22b DATE SIGNED ATTENDING STAFF PHYS. M.D. DIRECTOR | PHYS. PHYSICIAN'S 22d. ADDRESS NAME (Type) 5550 Baltimore National Pike Grabill. James. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23a. BURIAL, CREMATION, (Stote) Burial Specify Baltimore, Maryland Loudon Park Cemetery

25b. REGISTRAR'S SIGNATURE

25g. REC'D BY REGISTRAR MAR 1 3 '61

ADDRESS

Howard H. Hubbard 4107 Wilkens Ave.

ofter death. papers. cample hours pup carban 72 physician .⊆ death certificate with remave event. ttending please ony ō that the permit. gned requires . 2 steroing physical rate has been si physician. burial-transit 5 crematian, certificate the 50 After this haspital detached far the DIRECTOR of Pe Board 3 should TO FUNERAL page 3 sh the State

VR A15 (4) 1SM 9/59

24. FUNERAL DIRECTOR'S SIGNATURE

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ospite frer t of for			21. I certify that I ottended the deceased from.	ml 1960	, to march 10	, 196/,that I la	st saw the deceased
the h			alive on Mars 7, 1961, and the	at death occurred at	7-A.M. from the	couses ond on the	dote stoted abave.
ed by IRECTO			ACTUAL Mare Willenberg	<u>М.</u> D.	ADDRESS (Street, of 3913 HACL)	is Herry	Pare Signed
should			PHYSICIAN'S MORRIS W, STEIN	BERG-	Luns de	me 27	Mcl
FUNE FUNE		220	REMOVAL (Specify)	EMETERY OR CREMATORY	1 Cen BAA	City, town, or county)	(Stote)
5 5 0 0 2	10	23.	UNERAL DIRECTOR'S SIGNATURE ADDRESS		24a. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGN	IATURE
VS A15 (4) 15M 9/55	Di		TRUMAN OCHWAD		DATE AR 1 4 '61	arilus S. Kr	aus
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sed by the has	JIRECTOR: Afte	d be detached	prior to burior

	2803	CERTIFICA	ATE OF DEATH	Reg. Dist. No	112785
	LACE OF DEATH Baltin pre 19	7 . MARYLAND	2. USUAL RESIDENCE (Where disceases o. STATE	d lived. If institution: Residence befo b. COUNTY	re admission)
	Sparrices of tarea.	59 yrs	c. CITY OR TOWN (If outside corpo	rote limits, write RURAL and give new	arest town)
C	d. NAME OF HOSPITAL (If not in hospital, give street oddges) ORINSTRUTION Sparrows Of	L. Rd.	d. STREET ADDRÉSS		e. IS RESIDENCE ON A FARM? YES NO
1	VAME OF First First Type or print) FLORENCE	Middle / REN	E MORRISON 4. DATE OF DEATH	mary.	19 6 /
y	EMALE WHITE WIDOWED	DIVORCED [July 14.1886	lost birthdoy) Months Doys	Hours Min.
	USUAL OCCUPATION (Give kind of work done double during most of working life, even if retired) OWN	HOME	KING GEORGE	. 1/4 1/4	A .
	LEVIN GREEN		NANNIE	RAWLINS.	
	no. or unknown) (If yes, give war or dates of service)		PRANK MORRIS	Address ON - 14USBA	ND.
	18. CAUSE OF DEATH [Enter only one couse per line for (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	BAR	PNEUMONIA		ERVAL BETWEEN SET AND DEATH Clay.
	Conditions, if ony, which gove rise to immediate (b) ARTE	Rio Schi	EROTIC CARDIOVA	sular Dis.	7 yrs.
7	couse (o), stoting the under-				/
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBL				PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH		D. (Enter nature of injury in Port I or Part		
MEDICAL		CCURRED 20e. PL t while for	ACE OF INJURY (Home, form, 20f. (City ctory, street, office bldg., etc.)	or town) (County)	(Stote)
	21. I certify that I attended the deceased from alive an FLN 28, 1961		8, 1961, 10 Mar.	-2, 173 <u>23-</u> , mui 1 lusi 30	
	ACTUAL SIGNATURE SOCIES n. To	eliw.	M.D. 690 8 NO	reet, city or lowing state) RTH POINT IN	DATE SIGNE
	PHYSICIAN'S LOUIS N. TO S	LLIN	BALTIMORE	-19-MD.	MAR 1.196
220.		AME OF CEMETERY O	R CREMATORY CARMEL 22d. LOCAT	HON (City, town, or county) ALTO, CO.	(Stote) MD-
23. F	The Somulle	DRESS 4186	DATE MAR 6	RAR 24b. REGISTRAR'S SIGNATURE 3. FG	
1			stod.		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

after death. Page

DIVISION OF STATIST 2804

MORE 1, MARYLAND

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N	OF	ST	ATIS	TICAL	RESEA	RCH	AND	RECO	RDS -	— В	ALTIM	ORE	1, 1	MAI
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PLACE OF DEATH

Maryland

Baltimore

NAME OF	First	Middle	
10	Elmont Ave.		
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give street	address)	
RURAL ond give n	earest town) Verlea		l
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	ĺ
o. COUNTY	Baltimore	MARYLAND	

	RURAL ond give ne	outside corporate limits, arest town)	write c.	LENGTH OF STAY IN 16	1	c. CITY OR TOWN (IF		orote limits, write R	URAL ond gi	ive nearest to	own)
	d. NAME OF HOSPITA	AL (If not in hospital, give	street addr	ress)	-	d. STREET ADDRESS	a				RESIDENCE
	or institution	Elmont Ave				10 El	mont A	ve.			NO X
	NAME OF DECEASED (Type or print)	First Williar	n	Middle H.	[uel	ler	4. DATE OF DEATH	Mon Ma	arch	Day 22,	Year 19 61
S. S	Male	7075	MARRIED	NEVER MARRIED DIVORCED		ATE OF BIRTH	5	9. AGE (In years last birthday) 85 yrs.		YEAR IF Ut Doys Hou	NDER 24 HRS
10a	USUAL OCCUPATION during most of work Electr	N (Give kind of work doring life, even if retired)	ne 10b. KIN	D OF BUSINESS OR INC		Balto.		country)		S A	T COUNTRY
13.	FATHER'S NAME				1.	4. MOTHER'S MAIDEN	NAME				
	Ja	cob Mueller	r			Christ	ina U	Inknown			
		R IN U. S. ARMED FORCE If yes, give war or dates of servi	ce)	71 7:000	infor	s C. Muell	er 31	Add .03½ Will	ress oughby	Rd.	24
		TH [Enter only one couse TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e per line fo	(o), (b), and (c).	ule	or acciden	t				BETWEEN NO DEATH
	420.0 Conditions, if or	DUE TO	al	amelert	10	Heart.	Mesei	isi		20	nyo
	gove rise to immediate couse (a), stating the under-lying couse last. DUE TO Co. Semestral Columnications								(?))	
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CONDIT	TIONS <u>CON</u>	TRIBUTING TO DEATH 8	UT NO	T RELATED TO THE TER/	MINAL DISEA	SE CONDITION GIV	VEN IN PART	PEI	AS AUTOPSY RFORMED?
	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIB	E HOW INJURY OCCUR	RED. (E	inter noture af injury in	Part I or Pa	ert II af item 18.)			
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Year 19	20d. INJUR While at work	Nat while		OF INJURY (Hame, far , street, affice bldg., e		ty or tawn)	(Ca	ounty)	(State
	21. I certify tha	t (I) (this haspital)	attended			h accurred at	-	mer 22			
	220. SIGNATURE	, 1. Me	ans	/ und ma	M.D.	ATTENDING PHYS.	MED.		id dir ille	date state	22b. DATE SIGNEI
	NAME (Type)	ames T. 1.	Mea	ns		S 20 D	ST. C	Balto.	19/	Md	
230	BURIAL, CREMATIO REMOVAL (Specify) Burial	N, 23b. DATE THEREOF	23	BC. NAME OF CEMETERY Baltimo		REMATORY	23d. LOCA	ATION (City, town, Ral timo)		(Stote)
24	EUNEDAL DIRECTOR	C CICNIATURE		ADDRECC ADDRECC	et ti	DE- 05	old By BECK		CTD PIC CIC	NIATURE	

the funeral director, and 2 shauld be filed with may be respected by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs affar-death.

R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

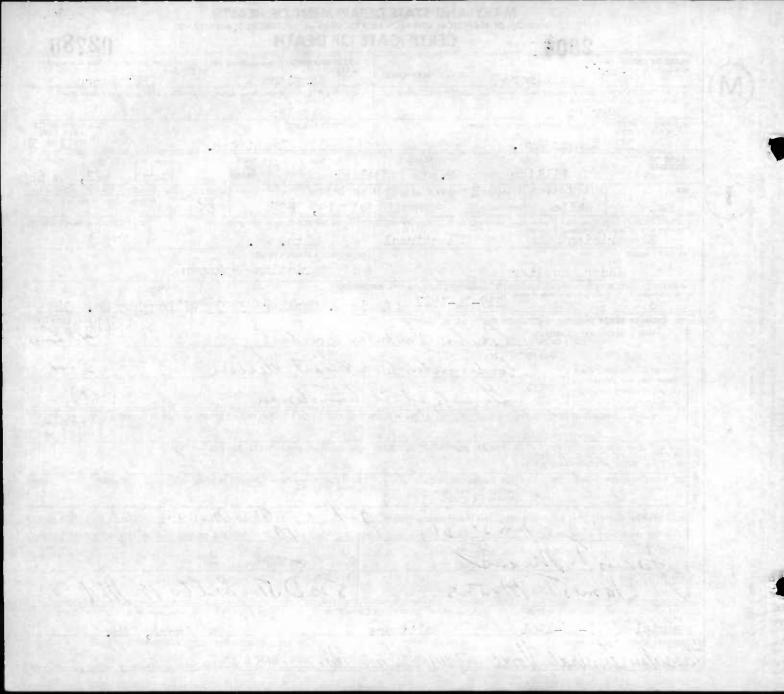
TO HOSPIT VR A1S (4) 1SM 9/S9

Burial	3-25-1961	Bal	timore	
24. FUNERAL DIRECTOR'S	17/	ADDRESS	DO.	0
Lassafun II	meral Home	7401	Delair	180

25a. REC'D BY REGISTRAR

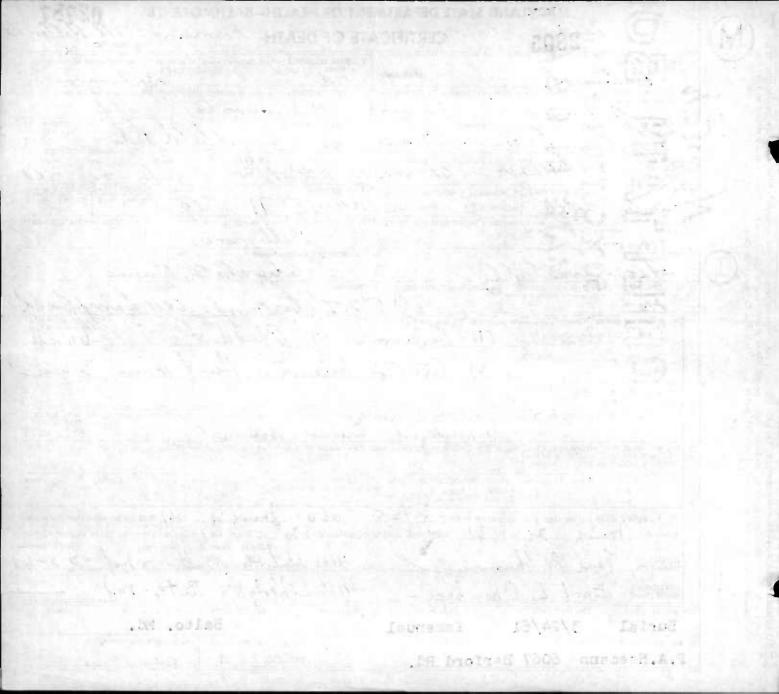
DATE

25b. REGISTRAR'S SIGNATURE MAR 2 4 '61



death

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



ICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Item 18, Film PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If institution, Residence Optore admission) e. COUNTY director. Page b. COUNTY is necessary, files. MARYLAND b. CITY OR TOWN (if outside corporete limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) your write RURAL and give neerest town ō 10WSOM Upperco Por d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS . IS RESIDENCE e ON A FARM? Emory Church Road retained State YES NO death. NAME OF Middle 4. DATE Month Day Year in pencil in New 18. Give Pages 1, 2, and 3 to the Office along with form PM3. Page 5 may be reliable. Transil permit. File pages 1 and 2 with the Spoval, and in any event within 72 hours after de DECEASED OF (Type or print) DEATH March 19 24 hours after death. OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED TO last birthdey) TLS Months Hours August WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Office along with form PM3. Page burial-transit permit. File pages 1 and done during most of working life, even if retired) U.S. Maryland Maryland State Police 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hoffman Marvin Grace Myers This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) Mr.Marvin Myers, Upperco, Md. 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).) INTERVAL BETWEEN ONSET AND DEATH ertensive cardiovascular dis. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO removal, Conditions, if env. which (b) gave rise to immediate cause "pending" 10 Examiner's DUE TO 98 (a), steting the underlying cause lest pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS Y CERTIFICATION PERFORMED? 2 xecute the certificate, writing the word Medical NO pluods 2De. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 1B.) PRIMARY [] or CONTRIBUTING [] MEDICAL EXAMINER: burial, CAUSE OF DEATH. should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, Month, Dey, Year 2Dd. INJURY OCCURRED 2Df. (City or town) (County) (State) fectory, street, office bldg., etc. 9 While Not While Hour a.m. et work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion agent, death resulted from: Undetermined manner Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED M.D. SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) should Address (Street, city, town, or county) DE 9889 22c. NAME OF CEMETERY OR CREMATORY 226. BURIAL, CREMATION, 226. DATE THEREO! 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) Carroll 240 Ö Emory Church Cemeterv Burial March 8 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME MAR 9 '61 arthur & Kraus J.F. Eline & Sons, Reisterstown, Md. 5M 7/59 DATE

MARYLAND STATE DEPARTMENT OF HEALTH

种字及录句 ·号6. 景彩和JUSTES 2. 爱观酷战场 HIM LIVE BOOKS AND COMPANY SERVICE AND MINE OF COLUMN TO COMPANY OF COLUMN THE PROPERTY OF TH the religion was an in a second of the his stine of hency which employed the

may be in fied by the hospital ar attending physician. S FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director. page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death. s ofter death. Page 4 ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 how TO HOSPITAL may be r

VS A15 (4) 1SM 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2807 CERTIFICATE OF DEATH

Reg. Dist. No. 02789

					wall pist ito.
1. PLACE OF DEATH a. COUNTY	Baltimore Co.	MARYLAN		Where deceased lived. If institution b. COUNTY	ion: Residence befare admission) Balto.
b. CITY OR TOWN	V (If autside carporate limits, w	rite c. LENGTH OF STAY IN 1	b c. CITY OR TOWN (I	f autside corporate limits, write R	RURAL and give nearest town)
3 4 "	SVILLE	20 YRZ	XKINGS	VILLE MD.	
d. NAME OF HOS OR INSTITUTIO	SPITAL (If not in hospital, give s	treet address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Box 66	7 KINGSVI	LE MD.	Box 667		YES NO TO
3. NAME OF DECEASED (Type or print)	Gladys First	Middle	Nee/ last	4. DATE MOR	1
S. SEX	1. 1	MARRIED NEVER MARRIED DOWED DIVORCED	1 - 6	9. AGE (In years last birthday)	Months Days Hours Min.
100. USUAL OCCUPA		10b. KIND OF BUSINESS OR IN	1 4 4 1 1 1		12. CITIZEN OF WHAT COUNTRY?
during most at w	vorking life, even if refired)	Housewife	Kentu		USA
13. FATHER'S NAME	WIFE	TOUSENTIE	14. MOTHER'S MAIDEN		001
	Eval Harber		14. MOTHER 3 MAIDEN	Hohn Lula Bo	wden .
1S. WAS DECEASED E	VER IN U. S. ARMED FORCES?		7. INFORMANT	Add	ress
(res, no. or onenown)	(If yes, give war or dates of service)	236-34-0887	John Neal	Box 667 Kings	sville Md.
Conditions, if gave rise to cause (a), statin lying cause los	immediate DUE TO	Cancer /	eft Adre		12713
TA		ONS CONTRIBUTING TO DEATH (BUT NOT RELATED TO THE TER	MINAL DISEASE CONDITION GIV	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTION (IF EITHER, NOTI	WAS UNDERLYING 20b. NG CAUSE OF DEATH FY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUI	RRED. (Enter nature of injury i	n Part I ar Part II of item 18.)	
20c. TIME OF INJ Hour a. n p. n	n. 10 V	0d. INJURY OCCURRED 20e. Vhile Nat while twork at work	PLACE OF INJURY (Home, for factory, street, affice bldg., e	rm. 20f. (City ar town) itc.)	(County) (State)
21. I certify alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the dec M2x Uh 24, Villiam ()	/ 1			that I lost saw the deceased and on the date stated abave. DATE SIGNED 3 - 25-61
220. BURIAL, CREMAT REMOVAL (Speci		GREED. HI	Y OR CREMATORY	22d. LOCATION (City, town, o	
23. FUNERAL DIRECTO	DR'S SIGNATURE	7401 Belan R	240. REI DATE N	C'D BY REGISTRAR 24b. REGIS	STRAR'S SIGNATURE Thus S. Kraha

		LATE OF DEA	HIRELAND	2022	
The second secon		ON THE REAL PROPERTY.			
The property of the property o					
HAND TO SERVICE THE PROPERTY OF THE PROPERTY O					
		-12			
		inn-62			

death. Set A may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 65

VR A15 (4) 15M 9/60 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

()2790

		PLACE OF DEATH				2	. USUAL RES		re deceased	lived, If I	nstitution: Re	sidence bef	ore edmission)
) '	Baltimore			MARYI	AND	Maryle	and		. COUN	TY	-	
/	t	LITY OR TOWN (if	outside corporate limi	ts,	c. LENGTH OF STA	Y IN 1b		OWN (If outside	corporete lin	its, write	RURAL and	give neeres	lown)
		Fort Howa			6 Days		Baltin	nore	3	VAL	-4		
0		. NAME OF HOSPITA	AL OR INSTITUTION (f not in hos		55)	d. STREET ADI			- 0 /			IS RESIDENCE
			Administra	tion I	Hospital		1608 1	resbury	Stree	et	(17)	YES	ON A FARM?
		NAME OF DECEASED	First		Middle		Last	4. DA		Month		Dey	Yeer
		(Typa or print)	THOMA		W.		LSON	DEA	Ma Ma	arch		20	19 61
n	5.	SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	8. D	ATE OF BIRTH			In yeers rthdey)	IF UNDER 1 Y		IDER 24 HRS.
	1	Male	Colored	WIDOWE	D DIVORCED	□ Fe	bruary 3	3. 1892	69	yrs.	Months De	ys Hou	rs Min.
ř	10a.	USUAL OCCUPATION	ON (Give kind of work	10b, KI	ND OF BUSINESS OR		11. BIRTHPLACE			country)	12. CITIZ	EN OF WH	AT COUNTRY?
		Waiter	king life, even if retire	Hot	tel l	200	Ellicot	t City,	Monur	land	TT	C	1
	-	FATHER'S NAME		110	001	14	. MOTHER'S MA	AIDEN NAME	Mar A-	Land		_S	
)	n	Thomas Nal	go.»				a. 7						
1		L'homas Nel	R IN U.S. ARMED FOR	CES? 16	SOCIAL SECURITY NO		Cora Bai			Address		-	
	(Yes	s, no, or unkown) (If	yes give we ror detes of s	ervice)	0	Clin	ical Rec	cords, VA	H, Bal	Ltimo	ore 18	, Mar	rland
	Ye		WW I EATH (Enter only one		18-05-5143	Fort	Howard	Divisio	n			1 IN IMPROVA	DETAIL PER L
			WAS CAUSED BY:									ONSET A	ND DEATH
			MMEDIATE CAUSE (e)	BRO	NCHOPNEUMO	NIA						RE	CENT
		420.1	DUE TO										
		Conditions, if eny,		AR	TERIOSCLER	OTIC I	EART DI	SEASE				UN	KNOMN
		gave rise to immedie (a), steting the un	DIT TO									- 17	
		cousa last.) (c)										
	Z	PART II. OTHER	SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH	BUT NOT R	ELATED TO THE	TERMINAL DISE	ASE CONDIT	ION GIV	EN IN PART 1		
1	ΑŢΙ	ACTIVE PANC	CREATIC NEC	ROSTS	- RECENT							YES S	ERFORMED?
	IFIC	20a. ACCIDENT WA	S UNDERLYING		CRIBE HOW INJURY C	CCURED. (E	nter netura of inj	ury in Part 1 or P	art II of item	18.)		1 12	
	CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH										
	MEDICAL	20c. TIME OF INJUR	Y Month, Day, Ye	er 20d. l	NJURY OCCURRED		OF INJURY (Hon		(City or town	1)	(Count	у)	(Stete)
	AEDI	Hour a.m.	19	While		tactory	street, office bld	g., etc.)					
		p.m.				. Ma	rch 14	1067	. Marc	h 20	1067	11-17	t) (a) last
		zi. i certify in	at (I) _X (this hospit	rch 20	10 67	Iroma.		3:20	10.3135995,50	rhibii i herbe	, 199.4	ka, mar 4	(we) last
		22e. SIGNATURE	de live on Ma)19.61 , ar	nd that de	eath occured	arAM, 1	rom the c	auses	and on th	e date s	22b. DATE
		226. SIGNALIANE	N XX	. 1			ATTENDING	MED.	STA				SIGNED
'	3	220 PHYSICIAN'S	ast	rele	au/	M.D.	PHYS	DIRECTOR	PHY:	» [7]		3/	20/61
1		NAME (Type)		**					78 MA	DVIA	מעם כוות	TIOLIAT	עדות תו
-		THOMAS F.	CRAHAN, M					LITIMORE					
Ī	23a	, BURIAL, CREMATIC REMONAL, (Specify)	ON, 23b. DATE THE	EOF	23c. NAME OF CE						or county)		(Stata)
9	1	PATEL	13/23	161	Baltimo	re Nat					3, Mar		
	24	EDNERAL BRESTOR	CHENOTHE !		ADDRESS NO.	Thomas	C+ 25	MAR 2 3	GISTRAR 2		GISTRAR'S SI		
	(George G.	Kelson		1348 N. Ca. Baltimore	17. Md	DV.		01	an	Thun 8 4	Cours	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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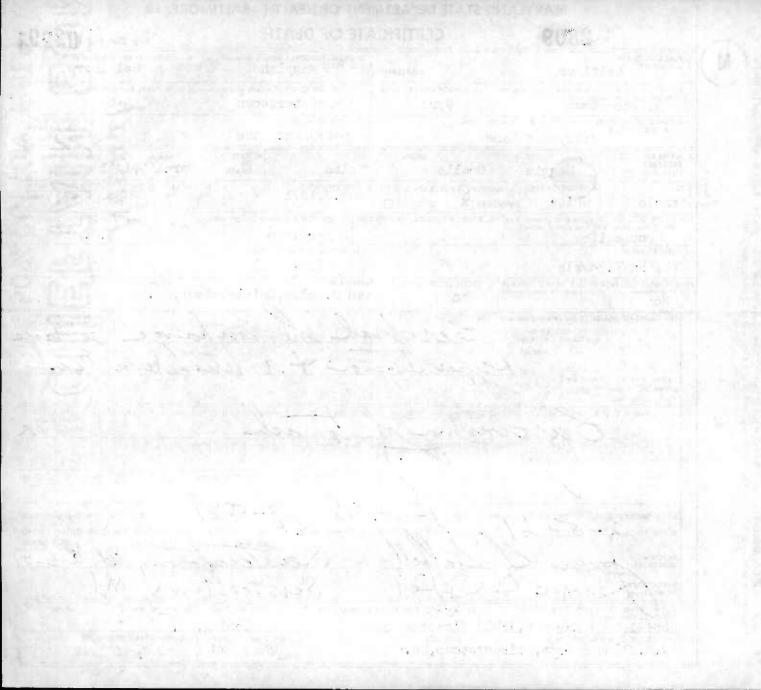
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(State)

DATE SIGNED

(State)

VS A15 (4) 15M 9/5B



certificate

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Ex Sill St. Commission of the second St. the same of the land of the same of the land Manager to the second of the s Manual Carlo and Alexander of the control of the same of the same

MEDICAL EXAMINER'S CERTIFICATE OF DEATH smation Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) 0 or. d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? non YES T NO T NAME OF DATE Middle Day Year DECEASED IMOZ (Type or print) DEATH 25 196 5. SEX 7. MARRIED NEVER MARRIED 7 8, DATE OF BIRTH 1894 6. COLOR OR RACE 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Min. Days Hours WIDOWED [DIVORCED yrs. 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 111. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 20 during most of working life, even if retired) puo 13. FATHER'S NAME тоу 14. MOTHER'S MAIDEN NAME 50 15 MAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Give PM3 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gove rise to immediate couse DUE TO (o), stoting the underlying couse lost Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 00 PERFORMED? NO I YES 🗍 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port It of item 18.) PRIMARY | or CONTRIBUTING | 3 should Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.) Medical While Not while a. m. ot work at work p. m. ta the Chief Medin Inspection Inquiry and find that 21. I certify that I took charge of the remains described above, held on Autopsy \,\bigcap_ deoth resulted from: Natural causes Accident . Suicide . Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER FUNEXAL **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER DEP Porwa 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATE MAR 2 8 '61 Chilling S. Frank 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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		as Safty Association of the great contribution in the state of the sta
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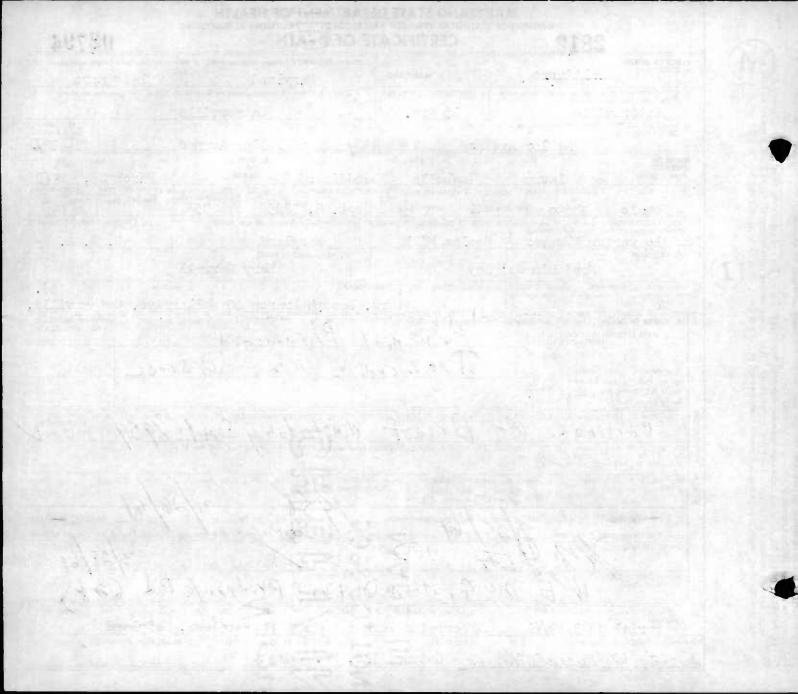
VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 2812

02794

1. PLACE OF DEATH	No. of the last of		11-1-11	2. USUAL RESIDE	ENCE (Who	ere deceased	lived. If instituti	on: Reside	nce befo	re admissi	ion)
o. COUNTY	Baltimore		MARYLAND	o. STATE	aryla	and	b. COUNTY	Ba.	ltim	ore	
RURAL and give no	4	2.0		CITY OR TO	OWN (If or		rate limits, write R	URAL ond	give nec	rest town)
Catons			yrs.			Cator	sville				
d. NAME OF HOSPIT	AL (If nat in haspital, give	street address)		d. STREET AD	DRESS					e. IS RESI	FARM?
	60 Mellor	Avenue			60 Me	ellor	Avenue				NO
3. NAME OF DECEASED	First		Middle	Last		4. DATE OF	Mon	ith	Do	ly 1	Year
(Type or print)	Laura	Isabe	lla	Peddicor	rd	DEATH			ch 2		19 6]
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER	MARRIED [B. DATE OF BIRTH		4.77 E	9. AGE (In years last birthdoy)	Months		IF UNDE	
Female	White wi	IDOWED 🔀 DI	VORCED [Sept. 8,	186	5	95 yrs.	Months	Days	Hours	Min.
10g. USUAL OCCUPATIO	ON (Give kind of work done king life, even if retired)	e 10b. KIND OF BUSI	NESS OR INDU	TRY 11. BIRTHPLA	CE (State o	or foreign co	ountry)	12. CI	TIZEN OI	WHATC	OUNTRY?
Textile wor	ker (Weaver	Woolen	Mill	Ma	rylan	bn			II.	S. A.	
13. FATHER'S NAME	1102 (1100)	1	4 Antonionalis	14. MOTHER'S A							
	Benjamin S	hipley					arroll				
	R IN U. S. ARMED FORCES		ITY NO. 17. II	FORMANT	10.79		Add	ress			Md.
(Yes, no, or unknown) No	(If yes, give war or dates of service	e)	Mr	s. Joseph	Fran	nce 60	Mellor	Ave.	Cat	onsvi	
18. CAUSE OF DEA	TH [Enter anly one couse	per line far (a) (b), c	and (c).] /	by					INT	ERVAL BE	TWEEN
PART I. DEA	TH WAS CAUSED BY:	BV	me he	/ Ph	ouh	noni	d		ON:	SET AND	DEATH
4122	DUE TO		The state	1	20177	10271	~				
フスス 。		1)0	69	Last	Un.	, 4	Dise.	10-			
Conditions, if a gave rise to i		e Ve	de wer	71/12	1/20	27	0105	32	-		
cause (o), stating	DIJE TO		J						1		
lying cause lost.	(c)_										
Z PART II. OTH	HER SIGNIFICANT CONDITI	IONS CONTRIBOTING	TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	CONDITION GIV	EN IN PA	RT 1(a) 1	9. WAS	AUTOPSY
8 C92	cinohe (t 12 r	225	Mest	cto	hy -	sippf2	195	9	YES [NO D
(IF EITHER, NOTIFY	AS UNDERLYING [] 20%	b. DESCRIBE HOW IN	JURY OCCURRE	D. (Enter noture of	injury in P	ort / ar Par	III of item 18.)	,			
\$ 20c. TIME OF INJUR	Y Month, Day, Year	20d. INJURY OCCUR		ACE OF INJURY (H			or town)	1	(County)		(State)
20c. TIME OF INJUR Hour a.m. p. m.		While Nat while at work	fac	tary, street, affice	bldg., etc.		2/36	1	1		
21. I certify the	it (I) (this haspital) a	thended the deci	eased fram	17	19	ta	2/00	19	, th	at (I) (no) last
saw the deceas	ed alive an	1.15/190/	, and that a	eath accurred.	SAD!	M, from	the causes ar	nd an th	e date	stated	above.
220. SIGNATURE	Hope th	it /	ND	M.D. ATTENDING	ME	D. RECTOR	STAFF PHYS.		3/2	8/6/	SIGNED
22c. PHYSICIAN'S NAME (Type)	11/-	100	1.1	22d. ADDRES		71 /	/ /	1	1	1	
TANKE (Type)	W.F.	mc Gr.	17/M	0 130	31	rece	vi401	CG	(2	81	
23a. BURIAL, CREMATIC		23c. NAME C	OF CEMETERY O	R CREMATORY		23d. LOCA	TION (City, town,	or county)		(State	e)
REMOYAL (Specify) Burial	3/29/61	Lorr	aine Pa	rk	13	Woo	dlawn, N	hryl	and		
24. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS			25a. REC'E	BY REGIST	RAR 2Sb. REGI	STRAR'S S	IGNATU	RE	E / P
Enditor 14	Ellmetal 7	lorne 0	atonsvi	lle, Md.	DATE	R 3 '6	1	min &	Three	uA.	

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISION OF STATISTICAL RESEARCH A		LAND
	2813 CERTIFICA	TE OF DEATH	02795
	PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived.	COUNTY Bulto
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
)	3. NAME OF DECEASED (Type or print) WILLIAM - BLA / VE- 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME 13. WAS DECEASED EVER IN U. S. ARMED FORCES? 116, SOCIAL/SECURITY NO. 17. IF	3-22-1885	Manth Day Yeor 19 E (In years birthday) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? Address
	18. CAUSE OF DEATH [Enter only one couse per ime for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gave rise to immediate couse (o), stating the under-lying cause lost.	Throntons Unti CV I	Interval Between ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH OF THE PROPERTY OF THE PROPER
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	D. (Enter noture of injury in Part I or Port II of it ACE OF INJURY (Home, farm, ctory, street, affice bldg., etc.)	YES NO 18.)
	21. I certify that (I) (this haspital) attended the deceased from sow the deceased alive on 3 28 1901, and that a 220 SIGNATURE	(7:25	
5	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CONTROL OF CEMETERY CO	250. REC'D BY REGISTRAR	City, town, or county) 25b. REGISTRAR'S SIGNATURE Correy S. France
	000000	DATE	4. / 4.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY FULL NAME OF LANL BALTIMORE HOSPITAL OR (If outside city limits, write RURAL and give township) INSTITUTION (If rural, give location) Reechfield Ave. 6. COLOR OR RACE 5. SEX 7. SINGEE, MARRIED 9. AGE (In years If Under 24 Hours WIDOWED, DIMERCED (Specify) Months Days Hours 10.A USUAL OCCUPATION (Give kind of 10s. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? DUSE WOR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, no or anknown) (If yes, give war ar dates of service) 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, asthenio, etc. It meons the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. IF OPERATION WAS RELATED TO 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20. AUTOPSY? CAUSE OF PEATH ENTER IN 22. I certify that (I) (this haspital) attended the deceased from_____ 3 - 1 - 19 61 , that (I) (we) lost saw the deceased alive on _____ ond that in (my) (our) opinion death occurred at 330 / m., from the causes and on the date stated above. 23a. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE MED. DIRECTOR ATTENDING PHYS. STAFF PHYS. 24A, BURIAL, CREMATION, 24s. DATE 24c. NAME OF CEMETERY OR CREMATORY 25A. DATE REC'D BY HEALTH DEPT. MAR 6 '61 Circhar S. Krous

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physician and

may be retained by the hospital or attending physician.

DIRECTOR: After this certificate has been signed by the attending

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TO FUNERAL I director, page 3 director, page 3 be filed with the

VR A15 (4) 15M 9/60

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Burial 3/6/198
24 FUNERAL DIRECTOR'S SIGNATURE
H.W.Jenkins & Sons

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Co.

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4905 York Rd. Belto. 12. Md

Cem

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MAI

		2815		CERTIF	FICATE	OF DEATH			020	0 ~
	PLACE OF DEATH o. COUNTY	Baltimore		MAR		USUAL RESIDENCE (WE o. STATE 8 Bish	ere deceased li	b. COUNTY	Residence before	odmission)
ŀ	b. CITY OR TOWN RURAL and give	(If outside corporate limits, negrest town)		ENGTH OF STAY		c. CITY OR TOWN (If o			AL and give neares	st town}
- (ITAL (If not in hospital, giv		//		Baltimore d. STREET ADDRESS	18, Mc	1.	1.	IS RESIDENCE
	OR HISHTUTION	Hill Hospita	1	-		o. other Abbress		3 11	01-40	ON A FARM?
	NAME OF DECEASED (Type or print)	Frederick	Bru	ne R	andall	Lost	4. DATE OF DEATH	March	Day 14	19 61
5. S	male	a shaid a	7. MARRIED [NEVER MARRI		12-3-1885	9.		UNDER 1 YEAR IF	UNDER 24 HRS Hours Min.
10a.	. USUAL OCCUPAT during most of wo	ION (Give kind of work dorking life, even if retired)			OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign coun	itry)	12. CITIZEN OF W	
13	None FATHER'S NAME		Re	tired	11/	Baltimor		Md.	U.	S.A.
٠.		d Randall Sr	2.25			Susin B				
		immediate (Co		24	8 Bishop R			18, Maluery ONSET	AL BETWEEN AND DEATH AND COLOR AND C
-		(c)_								
FICATION	PART II. OT	(c)_ THER SIGNIFICANT CONDI								WAS AUTOPSY PERFORMED? ES NO
CERTIFICATION	PART II. OT	(c)_ THER SIGNIFICANT CONDI				RELATED TO THE TERMI				PERFORMED?
MEDICAL CERTIFICATION	PART II. OT	Cc) (c) (c) (c) (c) (c) (c) (c) (c) (c) (20d. INJUR While		CCURRED. (Er		Port I or Port II	of item 1B.)		PERFORMED?
MEDICAL CERTIFICATION	PART II. O1 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJU Hour o. m. p. m. 21. I certify th	CC)_ THER SIGNIFICANT COND VAS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER) LIRY Month, Doy, Year	20d. INJUR' While of work	Y OCCURRED Not white of work the deceased	20e. PLACE (factory,	of INJURY (Hame, farm street, affice bldg., etc.) ATTENDING MPHYS. M. DI 22d. ADDRESS	Port I or Port II	of item 18.) town) arch e causes and o	(County)	PERFORMED NO

Baltimore,

'61

250. REC'D BY REGISTRAR

DATE MAR 8

more, Maryland
25b. REGISTRAR'S SIGNATURE

Chillus S. Frank

TO FUNER TO HOSP VR A15 (4) 15M 9/59

HEARD RO ET ADMITHAD & HEARS THE CHARLES IN THE SECOND STATE OF STAT Land Land Banda Com. Starner Mys. Message sinok, Mr. entered to the contract that some the contract of the contract The territory of the second The transfer of the same of th . La . Vinney . S Basel and drye are the rate of the fact of . True can be experient The same of the state of the same of the s

VS A15 (4) 15M 9/55

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2816

CERTIFICATE OF DEATH

Reg. Dist. No. 02798

1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAN	o STATE	/here deceased lived. If institution, Re b. COUNTY	Baltinave
d. NAME OF HOSPITAL	11	///			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Annetta:	M. Regan	Lost	4. DATE Month OF DEATH March 25	Day Year 1967 19
5. SEX 6 Lemale	1	RRIED NEVER MARRIED WED DIVORCED	111 -1 -004	last birthdoy) Man	NDER 1 YEAR IF UNDER 24 HRS. On this Days Hours Min.
during most of working Alexady 13. FATHER'S NAME Manc 15. WAS DECEASED EVER IN (Yes, no, or unknown) (Il y	LUS ROCEN U. S. ARMED FORCES? I.	Dept. Store	7. INFORMANT	ore, Maryland	USA USA
Conditions, if ony, gave rise to imm couse (o), stating the lying cause lost.	e diote under: DUE TO (c)	FATIONAL 17E ATOMIUS CLERC	MUNICARDIOVA BUT NOT RELATED TO THE TERM	HEWIPH CHA HICKAR DLS I	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH ONSET AND THE STORMEN
PART II. OTHER 200. ACCIDENT WAS I OR CONTRIBUTING [] (IF EITHER, NOTIFY ME 20c. TIME OF INJURY HOUR O. m., p. m.	CAUSE OF DEATH DICAL EXAMINER) Month, Day, Year 20d. Whit	INJURY OCCURRED 20e	RRED. (Enter nature of injury in PLACE OF INJURY IHome, for factory, street, office bldg., et	m, 20f. (City or town)	(County) (State)
	1 attended the deced	ark of work or assed from 10/3	0/5719 to 3 ath accurred at 1:45	ADDRESS (Street, city or town, stote) HI WHAMP	
220. BURIAL, CREMATION, REMOVAL (Specify) 23. FUNERAL DIRECTOR'S S John A. Mon	226. DATE THEREOF March 28,	22c. NAME OF CEMETER 1961 Bak Lau ADDRESS Baltimane S	un Cemetery	22d. LOCATION (City. 10wn, or cou Baltimore Ma C'D BY REGISTRAR 24b. REGISTRAR R 2 9 161	ruland

OF DEATH 02701	USI 6 CERTIFICATE
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and 190 report Latines, 1991. The first of the Co. Co. Co. On the same of the Co. Co. Co. Co. Co. On the case of the co. C	
	The control of the state of the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11 tems 13 CERTIFICATE OF DEATH CERTIFICATE OF DEATH

2817

Reg. Dist. 12799

								well miss.	110.	- 0
1. PLACE OF DEATH o. COUNTY	Baltimore	Cour	nty MAR	YLAND	2. USUAL RESIDENCE. STATE Ma	CE (Where deceas	ed lived. If institut b. COUNTY		before adr	nission)
RURAL ond give n	If outside corporate limited earest town) SVILLE	ts, write	c. LENGTH OF STAY	Y IN 1b		'N (If outside corp	orote limits, write l	RURAL ond give	nearest to	own)
d. NAME OF HOSPI OR INSTITUTION	Summit Nur				d. STREET ADDR	S. Linw	ood Ave.		10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	FREIDA Fi	(FO	RTUNA TA)		REINA Lost	4. DATE OF DEATH	Marc	7.	Day	Yeor 61
5. SEX Female	6. COLOR OR RACE White	7. MARR			B. DATE OF BIRTH March 26,	1883	9. AGE (In years lost birthdoy) yrs.	Months Do		
10a. USUAL OCCUPATION during most of wor Housewife 13. FATHER'S NAME	king life, even it refired	done 10b.	Own Home	OR INDU	STRY 11. BIRTHPLACE Ttaly 14. MOTHER'S MAI		country)		OF WH	IAT COUNTRY
IS. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.		0. 17. 1	Unknown NFORMANT Bank B. Rei	- (Born	and died	ress	ly) treet	,
Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediate the under-)	A cut Hear Phen	e of t	Chronice Failul	rz onchia	esti 1 Bil	Vz	ONSET AN	BETWEEN ND DEATH
LAT H 2	HER SIGNIFICANT CON	14	17+1		010			VEN IN PART 1(PER	AS AUTOPSY REORMED?
1	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY O	OCCURRE	D. (Enter nature of inju	ury in Port I or Po	rt II of item IB.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	While of work	NJURY OCCURRED Not while of work	20e. PL/ foo	ACE OF INJURY (Home story, street, office bld	a, form, 20f. (Cit g., etc.)	y or town)	(Cour	nly}	(Stote)
21. I certify the alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	and I attended the	decease , 19		t death	00 190/, to 00 1900 00	A_M, fra	m the causes correct, city or town,			
220. BURIAL, CREMATIO REMOVAL (Specify) Burial	3-8-1961	F	22c. NAME OF CEN Holy Red				TION (City, town, timore, N			tote)
23. FUNERAL DIRECTOR		1901	ADDRESS Eastern A			. REC'D BY REGIS	TRAR 24b. REGI	STRAR'S SIGNA Chithur S.	TURE	

may be a med by the haspital ar attending physician.

O FUNERAC DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. TO FUNER TO HOSPIT VS A15 (4) 15M 10/57

AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

OF SHOWING THE WANTED OF THE MEDICAL STATE CASH WALL HUTSIL IN THE The column to the state of the column to the colu . . . MICHAEL STATE OF BUILDING . THE THE PARTY OF TO HOS AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

S A Geath.

S A TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLENGO 0

2818

CERTIFICATE OF DEATH

1.	a. COUNTY			e. STATE		, If institution: Re DUNTY	sidence be	fora edm/ssion)
-	Baltimore		MARYLAND	Maryland		on the Dilibat on A	-1	-A A\
	write RURAL and Bal timor	(if outside corporeta limits, d give nearast town)	c. LENGTH OF STAY IN 1b	Baltimor	If outside corporete limits, v	Write KURAL and	O I	- 4
	d. NAME OF HOSPI	TAL OR INSTITUTION (if not in	hospitel, give street address)	d. STREET ADDRESS			0.	IS RESIDENCE
3	0-1			1.221. 0-3	D D D		VE	ON A FARM?
2	NAME OF	Lle Summit Nurs		Last Ced	The state of the s	oad	Day	
3.	DECEASED	First	Middla	Lest	OF	onin	Day	Year
	(Type or print)	Mary Estel	le Rew		DEATH M	arch L.		1957
5.	SEX	6. COLOR OR RACE 7. MAR	RIED TENEVER MARRIED 1 8	DATE OF BIRTH	9. AGE (In ye		EAR IF U	INDER 24 HRS.
	emale	White woo	WED DIVORCED A	ug. 6, 1893	last birthda	.		ours Min.
10.	a. USUAL OCCUPAT	FION (Give kind of work orking life, even if retired)	. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	ity & State, or foreign coun	try) 12. CITIZ	EN OF WE	HAT COUNTRY?
0	Housewil			Virginia		U.S.	Λ	
13	. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	1000	1 5 4	
		C 11 11						
		is C. Hobbs		Elizabet	h Peebles			
		/ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Add	ress		
(1)	no	il yesgive war or detes of sarvica)	Man	Editord T	Lagleman 1.271.	Cadam	03-	n.a
====		DEATH [Enter only one couse p		· TOWALG TI	Leckner-4314	cenar		en Rd.
				. 12	h		ONSET	AND DEATH
	PARI I. DEA	IMMEDIATE CAUSE (e)	ar anoma	1 Brees			2	Yrs_
	1)	DUE TO		0				
	C 131.							
	Conditions, if en						-	
	(a), steting the	DI II TO						
	ceuse lest.) (c)						
z	PART II. OTHE		ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART	I(e) 19. W	AS AUTOPSY
은	1 1 1 1 1 1 1 1		None					PERFORMED?
S							YES	NO O
CERTIFICATION	200. ACCIDENT W	AS UNDERLYING [] 20b. I	DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Part I or Pert II of item 18.)			
CER		MEDICAL EXAMINER)						
AL	20c. TIME OF INJ	URY Month, Day, Year 20	d. INJURY OCCURRED 200, PLA	CE OF INJURY (Home, ferr	n, 20f. (City or town)	(Coun	ity)	(Stete)
MEDICAL	Hour a.m.			ory, street, office bldg., etc			***	(0.5.0)
ME	p.m.	19 at 1	work at work					
	21 cortify	that (I) (this hospital) att	ended the deceased from	9-11-	1961 to 3-	4 - 196	51, that	(I) (We) last
	Zi. I cordiny	3	2 - 19 6 1, and that	death are and at	At form the same		- Jota	total chaus
-		sed alive on		dearn occured ar	/w, from the caus	es and on II	ie date s	
	22e. SIGNATURE	2	2-14-2-	ATTENDING	MED. STAFF			22b. DATE SIGNED
	6	Luzendon	M		DIRECTOR PHYS.			0.0
	22c. PHYSICIAN'S	O N D.	· · · · · · · · · · · · · · · · ·	22d. ADDRESS	/ D	6	1	2
	NAME (Type	as ye M. Ra	mapuran	3502 (roydon Re	x , sou	tone	1/24
-	1	0			1001 1001			
23	REMOVAL (Specify	TION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City	, town or county	1	(Stete)
D.	urial	March 8.1961	Lorraine Pa	rk Camatam	Baltimore	Mamrla	nd	
	L FUNERAL DIRECTO		ADDRESS	25a. RE	Baltimore	REGISTRAR'S S	IGNATURE	
5/	011	The state of the s	71 × 11	et a Mil	MAR 8 '61	arthur		
YZ	m recke	UN 4 sous 100	in Flance Hall	WIIIMA DATE	Invet -	00000		

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

2010

CERTIFICATE OF DEATH

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	6017								
1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLA	0	STATE Maryl		lived. If instituti b. COUNTY	on: Residence before Baltimo		n)
b. CITY OR TOWN (I RURAL ond give no Rosedal		c. LENGTH OF STAY IN	1b c.	CITY OR TOWN (IF o		te limits, write R	URAL ond give ne	arest town)	
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give stre 2106 Summit A		d	STREET ADDRESS	Summit	Ave.		e. IS RESID ON A F	ARM?
3. NAME OF DECEASED (Type or print)	First	Middle	DIGIN	Last	4. DATE OF DEATH	Mor		,	eor
S. SEX	HAZEL	M. ARRIED NEVER MARRIED	RICH!	E OF BIRTH		March AGE (In years	15, 1961		
Female		WED DIVORCED	_	y 30, 1927	1000	lost birthdoy) 33 yrs.	Months Days	Hours	Min.
during most of worl	ON (Give kind of work done 10 king life, even if retired)	b. KIND OF BUSINESS OR			or foreign cou	intry)	12. CITIZEN O		
At home	<u> </u>			Maryland MOTHER'S MAIDEN N	NAME			U.S.A	•
Walte	r Armstrong			Don't k	TI OW				
1S. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO.	17. INFORM		21011	Add	ress		
(Yes, no, or unknown)	(If yes, give war or dotes of service)		Juliu	s B. Richt	er 2100	3 Summit	Ave-6		
Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediote DUE TO	Colone Colone	eler	O cale	art o	dessens	VEN IN PART I(a)	10 WAS A	/C
FICATIO	AS UNDERLYING [] 20b. D	ESCRIBE HOW INJURY OCC	37-1				(4)	PERFOR YES	WED?
	MEDICAL EXAMINER)								
20c. TIME OF INJUR Hour o. m. p. m.	Wh			INJURY (Home, farm treet, office bldg., etc		or town)	(County)	(Stote)
saw the decea	at (I) (this haspital) atte sed alive an MAR			accurred at / F			1961, to	e stated	abave.
220. SIGNATURE	meto Fe	Marina)	M.D.		ED.	STAFF PHYS.		220.	SIGNED
22c. PHYSICIAN'S NAME (Type)	EMMETT i	P DAVIS		5317 B	ELAIR	R.L.	BASTIA	ionz	616
230. BURIAL, CREMATIC REMOVAL (Specify) Burial	Mar. 18, 61	23c. NAME OF CEMETE Belair Me		AATORY 1 Gardens	Bela:	on (City, town,	or county)	(Stote	
24. FUNERAL DIRECTOR		ADDRESS		25a. REC°	D BY REGISTR		STRAR'S SIGNATI		
Ullrich Fu	neral Home 421	O Belair Road	1.	DATE M	AR 2 0 '6	1 0	Lithur S. Kr	aud	

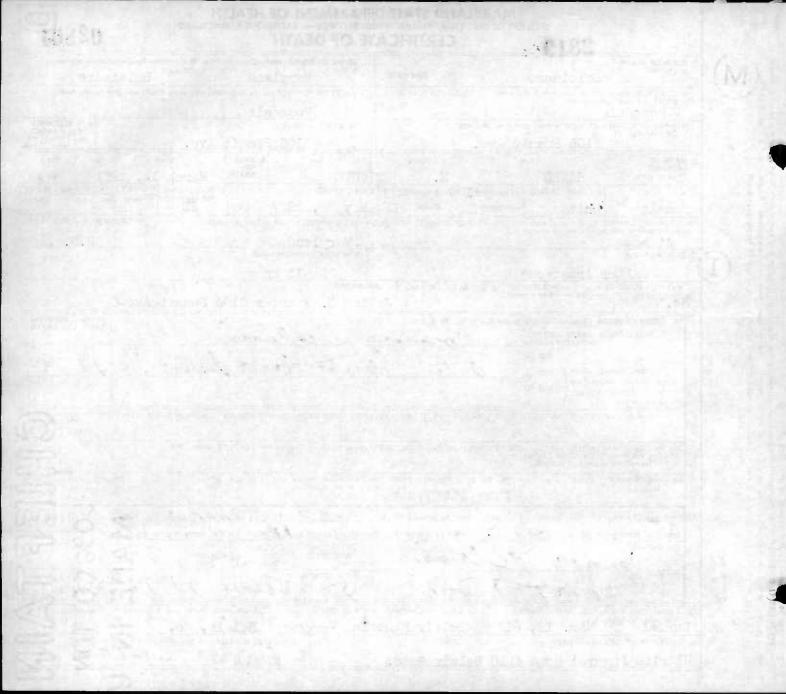
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled they the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. ined by the hospital or ottending physicion. moy be

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

hours ofter death. Page 4

VR A1S (4) 1SM 9/59

TO HOSP



02000

		2820		CERTIFIC	LAI	E OF DE	AIH				U	200	18
1. [PLACE OF DEATH o. COUNTY	Baltimore		MARYLA	ND	a. STATE	Maryl	-	l lived. If institution b. COUNTY	on: Reside	ence befa	re admiss	sion)
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town)					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Catonsville d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION			e street a	4 yr. 8 mo.		Baltimore d. STREET ADDRESS e. IS RESIDENCE ON A FARM?							
	Spring G	rove S tat	е Но	spital		4214 Pa:	rkmon	t Ave	-> v	VI		YES [NO 🛛
- 1	NAME OF DECEASED (Type ar print)	First	ทล	Middle Griffith		losi Ridenou r		4. DATE OF DEATH	March		3]	'	Yeor 19 61
5. 9	-	6. COLOR OR RACE		ED NEVER MARRIED		12-16-	7 5	100	9. AGE (In years lost birthdoy) 85 yrs.		R 1 YEAR Days		ER 24 HRS Min.
10a	Female USUAL OCCUPATION during most of working	(Give kind of work do		CIND OF BUSINESS OR			1 4	or foreign co					COUNTRY
	housewi	fe				-	land_			U	J. S.	Α.	
13.	Cha rles	Griffith				14. MOTHER'S A		anna l	Brism				
	WAS DECEASED EVER	N U. S. ARMED FORC		OCIAL SECURITY NO.	17. INI	FORMANT			Add	ress			
	no			nknown	Re	ecords:	SPRI	NG G	ROVE STA	TE	HOSP	ITAL	d
CATION		mediate DUE TO cunder- COL R SIGNIFICANT COND	ITIONS CO	eneralized a	H BUT I	NOT RELATED TO	THETERMIN		E CONDITION GIV	'EN IN PA	RT 1(0) 1	PERFO	AUTOPSY ORMED?
CERTIFI													
MEDICAL	Haur a. m. While Not while foctory, street, office bldg., etc.) p. m. 19 at wark at wark												
	21. I certify that (I) (this haspital) attended the deceased fram. Jan. 17 19.61, to March 31 19.61, that (I) (we) lass saw the deceased alive an March 31 19.61, and that death accurred at 3.45 M, fram the causes and an the date stated above												
	22o. SIGNATURE	akie	w	horelos		ATTENDING	_ ME	D. RECTOR	STAFF PHYS.	3	3-31-	22	b.DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	Aristide	es Si	mopoulos, M	. D	22d. ADDRES	- NT TO		GROVE SIN	ATE Mary 1		TAI	_
230	BURIAL, CREMATION REMOVAL (Specify) Cremation	236, DATE THEREOF		23c. NAME OF CEMETE		CREMATORY			non (City, town,			(Stot	te)
24.	FUNERAL DIRECTOR'S			ADDRESS			25a. REC'E	BY REGIST	RAR 25b. REGI	STRAR'S S	IGNATU	RE	
W	m. Cook. Ti	nc., 1217 s	St. P	aul St. Bal	to.	2. Md.	DATE AD	R 4 16	1 0	Thun S	P than	and a	

the attending physician and campletely filled Ly the funeral Then please remove carbon papers. Pages 1 and 2 should before TO HOSPICES OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 homey be fined by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

rs after death. Page 4

VR A15 (4) 15M 9/59

SUZSO ATABLE OF EASTERNESS OF BUSINESS (Infanty).

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH director ofter death. Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) Men's Home WONENS filed o. COUNTY AGED b. COUNTY MARYLAND N, FUTAW funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 pe c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should OWSO d. NAME OF HOSPITAL (If not in hospitol, give street oddress) d. STREET ADDRESS OR INSTITUTION A GED WOMENS 1123 N. EUTAW Chesinut Ave NAME OF Middle 4. DATE Month filled DECEASED RANK March DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS A. SEX B. DATE OF BIRTH 9. AGE (In years completely lost birthdoy) Months Sept 251889 WIDOWED TO DIVORCED | papers. 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Howard County companion- hursi 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Lillucum amanda 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Mr. George W. Banks, Sykesville, Maryland attending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ă Ercinoma Uterus blasser milas toss PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (b) gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 20g. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Doy, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work 10ch 24, 1961, that I last saw the deceased 21. I certify that I attended the deceased fram,_ detoched , and that death accurred at 12.34 M, fram the causes and an the date stated above. DIRECTOR: ADDRESS (Street, city or town, stote) ACTUAL pe SIGNATURE PHYSICIAN'S Newland Edward Day the registrar 4 East 33rd Street, Baltimore 18 NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY

poge 3 should TO FUNER VS A15 (4) 15M 9/58

23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** Wm. Cok, Inc., 1217 St. Paul S. reet

3-27-61

220. BURIAL, CREMATION, 22b. DATE THEREOF

Oak Grove Cemetery 24a, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

IS RESIDENCE

ON A FARM?

YES NO Z

Year

U.S.A.

ONSET AND DEATH

PERFORMED? YES NO 14

(Stote)

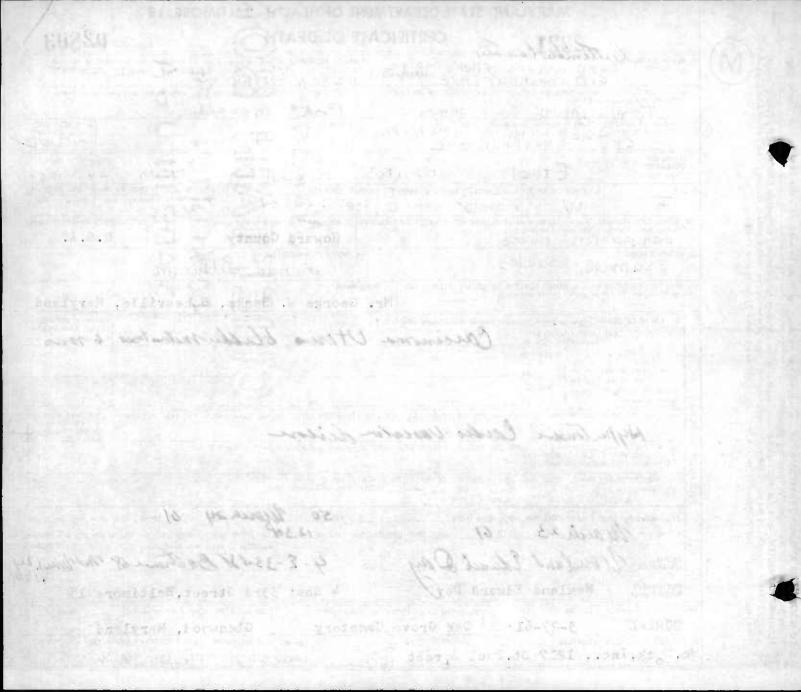
(Stote)

196

22d. LOCATION (City, town, or county) Glenwood, Maryland

DAMEAR 2 7 '61

arthur & Kraus



DIVISION OF S

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 4

. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution Residence before admission)
Baltimore MARYLAND	o. STATE Md. b. COUNTY Bellimore
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporata limits, write RURAL end give neerest town)
Rosedale	Rosedale
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE
1612 Rosedale Heights Ave.	1612 Rosedale Heights Ave. YES NO K
3. NAME OF First Middle	Lest 4. DATE Month Dey Year
DECEASED	OF
STEPPEN	NINA March 2 1701
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 6	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Days Hours Min.
male white widowed DIVORCED	12/24/1884 76 yrs. Months 23/3 100/3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, avan if refired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
ret-carpenter May Co.	Czechoslovakia U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Stephen Riha	unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (Ifyesgive war or detes of service)	Glen Burnie, Me
no 216-10-2368 W	illiam Riha, son, 13 Ferndale Ave.
18. CAUSE OF DEATH [Enter only one certise pemline for (e), (b), end (d).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	orhan
1 7 7 V	
DUE TO	Jan Jalan
Conditions, it eny, which gever is to immediate cause	Jas Aust V
(a), steting the underlying DUE TO	·
ceuse lest. (c) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	mona of Mostate
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
DE L	PERFORMED? YES NO IV
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED	D. (Enter nature of injury in Part t or Part II of item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLA	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)
at week at week	tory, straet, office bldg., etc.)
	VIII . William ? wall a color
21. I certify that (I) (this hospital) attended the deceased from.	
saw the deceased alive on 19.00, and that	t death occured at 1.20 M, from the causes and on the date stated above
22e. IGNATURE	ATTENDING MED. STAFF 22b. DATE
1 Milly A. Olita	A.D. PHYS. DIRECTOR PHYS. D
22c, PHYSICIAN'S	22d. ADDRESS
NAME (1)ype)	
23m. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
REMOVAL (Specify) 3/6/61 Bohemian Na	
7/1/12 2011/11/11/11/11	tt. Cem. Baltimore, Md.
Charles E. Schimunek Funeral Home	
3331 Brehms Lane	DATE MAR 7 '61 9 Krauk

TO HOSTEAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

10 FUNTARL DIRECTOR: After this certificate has been signed by the attending physician and complete. Alled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4 15M 9/60 (4)

1. Entitle SAVALE Committee Lake Committee Committee CONTRACTOR OF THE PROPERTY AND ASSESSMENT OF THE PROPERTY OF T LANGUAGE TO THE CONTROL OF THE CONTR

FOR STATE HEALTH DEPT.

2 hours after death.

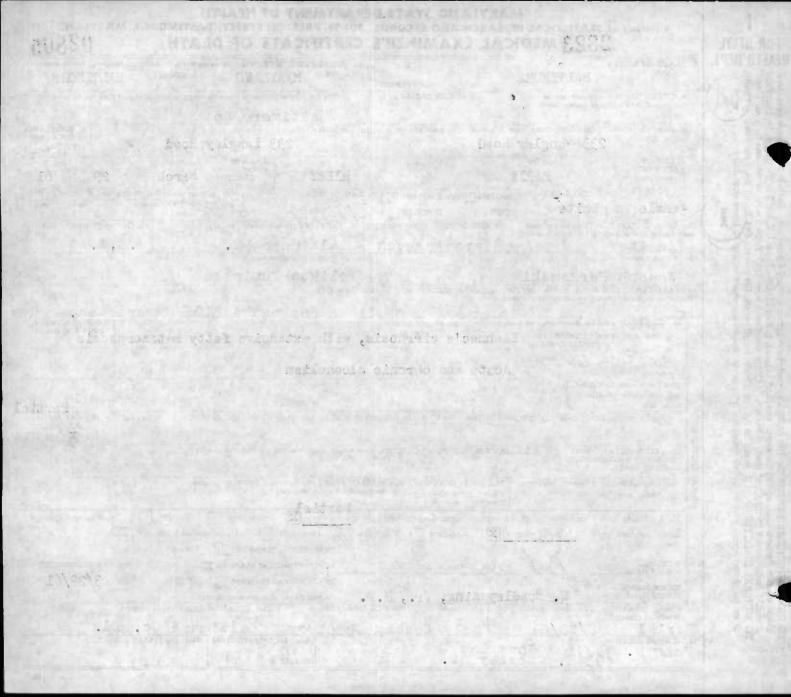
TO DEP IT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any as is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the toward of the word "bending" in pendi in Item 18. Give Pages 5 and 3 to the two all director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1/61/4/2 with the State Board of Theelith. or its designated agent, prior to burial, gemation, or removal, and in any event within

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2823 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ()2805

e. COUNTY BALTIMORE	MARYLAND	I was a second	CE (Where decessed live YLAND b. (ence before admission) LTIMORE
b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16	1	If outside corporete limits,	write RURAL end giv	e neerest town)
d. NAME OF HOSPITAL OR INSTITUTION (IF		d. STREET ADDRESS			. IS RESIDENCE
233 Langley		11	3 Langley Ro		YES NO
3. NAME OF First DECEASED (Type or print) MART	Middle E	RILEY	OF M	worth Dearch 2	29 19 61
5. SEX 6. COLOR OR RACE 7	. MARRIED X NEVER MARRIED 18	B. DATE OF BIRTH	9. AGE (In last birth	yeers IF UNDER 1 YEA	
Female White	WIDOWED DIVORCED	3/9/1922	P2 C	rs. Months Days	nours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (Slete	or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
Auditor	Sears Roebuck	Baltimor	ce Md.	U.S.	Α.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Joseph Perkowski		Feliksa T	luminska		
15. WAS DECEASED EVER IN U.S. ARMED FORCE		INFORMANT	Ac	dress	
		liksa Perko	wals 5105	Turana	Λ 37.0
18. CAUSE OF DEATH Enter only one c	ause per line for (a), (b), and (c),]	TRSH Lety	OUT TYEM		NTERVAL BETWEEN
Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause test. PART II, OTHER SIGNIFICANT CONDITION	Acute and chronic		NAL DISEASE CONDITIO	N GIVEN IN PART 1(e)	Partie
САПО					YES NO
PRIMARY or CONTRIBUTING CAUSE OF DEATH.	b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Per	t I or Part II of item 18.)		
ZOc. TIME OF INJURY Month, Dey, Yeer Hour e.m., p.m. 19		ACE OF INJURY (Home, ferr tory, street, office bldg., etc		(County)	(Stete)
21. I certify that I took charge of	President President	eld an Autopsy X,			id in my opinion
death resulted from: Natural cau	ses X, Accident , Suic	chief MEDICAL	☐, Undetermine	ed manner	
ACTUAL SIGNATURE	ens	M.D. ASSISTANT MED	ICAL EXAMINER		DATE SIGNED
100,0		DEPUTY MEDICA	L EXAMINER		3/29/61
EXAMINER'S NAME (Type) W. Bra	dley King, Jr., M.	D. Address (Street,	city, town, or county)		
22e. BURIAL, CREMATION, 22b. DATE THEREO	F 22c. NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION (City,	town, or country)	(elri2)
Burial 3/30/61	Holy Rosary	Cemetery		re Co. Md	
John M. Weber & Sc	ns Inc	240. REC		REGISTRAR'S SIGNA	
4UL 3. UHE	ester St.	I DATES	60 01	anthon & Kn	**



S. SEX

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18					
2824	CERTIFICA	ATE OF DEATH	Reg. Dist.	No. 02806	
PLACE OF DEATH a. COUNTY Balting N	2-e MARYLAND	2. USUAL RESIDENCE (Where deceased a. STATE MGRJ64	lived. If institution: Residence I		
b. CITY OR TOWN (If autside carporate limits, v RURAL and give nearest town) RURAL — Dalkmar	e 2 months	c. CITY OR TOWN (If outside corpor	3a Hunore .	nearest tawn)	
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION 5227 H	amilton Aus.	6. STREET ADDRESS HAMILTO	on Ave	e. IS RESIDENCE ON A FARM? YES NO	
NAME OF DECEASED (Type or print)	Madalin-	e Ritter 4. DATE OF DEATH	march	Day Year 1961	
4 . 1	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Aug. 26, 1875	9. AGE (In years last birthdoy) Manths Do	EAR IF UNDER 24 HRS. ys Haurs Min.	
a. USUAL OCCUPATION (Give kind of work dane during most of warking life, even if retired)	10b. KIND OF BUSINESS OR INDU	STRY ID BIRTHPLACE (State or foreign co	mod. 12.CITIZEN	SA	
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1		
John Hei	lman	Mary			
WAS DECEASED EVER IN U. S. ARMED FORCES		NFORMANT	Address	1	
no -	Mone 1	Resa M. PRESS	ell 4211 6-1.	enmonettre.	
18. CAUSE OF DEATH [Enter only one couse	per line far (a), (b), and (c).]	222		INTERVAL BETWEEN	
PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	(36200	la loeccu	sun	STORY AND DEATH	
420.1 DUE TO	corone	ary Color	Rul		
Canditians, if any, which (b)	00000	() 3000	200		
couse (a), stating the under-	O John Co	Coll Drafe	2167.30		
lying cause lost. (c)	Williams	30000	7000		
PAST II. OTHER SIGNIFICANT CONDITI		NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN TO PART 1	a) 19. WAS AUTOPSY PERFORMED?	

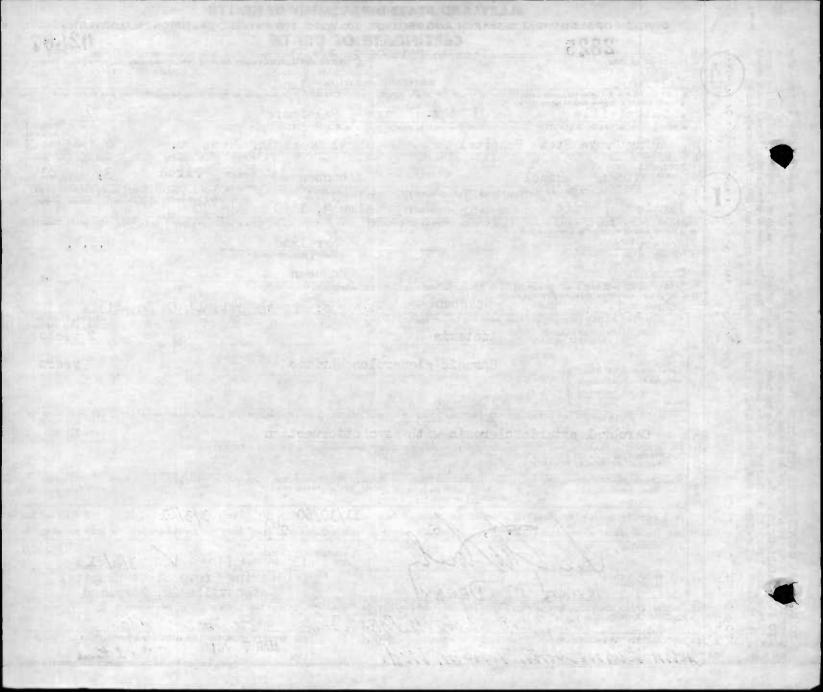
1	10a. USUAL OCCUPATION (Give kind of work dane of work dane during most of working life, ever if retired) 12. CITIZEN OF WHAT COUNTRY of WITH DATE (State or foreign country) 13. BIRTHPLACE (State or foreign country) 14. CITIZEN OF WHAT COUNTRY OF WHAT
1	1002011
	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	John Heilman Mary
1	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, pa, or unknown) (If yes, pive war or dates of service)
_	(Yas, no or unknown) (If yes, give wor or doles of service) None Teresa M. Pressell 4211 Glenmore A
Т	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]
	PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (g) ONSET AND DEATH
	420.1 DUE TO COronary Cellion
	Canditians, if any, which gave rise to immediate (b)
Н	couse (a), stating the under DUE TO
Н	lying cause lost. (c)
1	PANIAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN TO PART 1(0) 19. WAS AUTOPSY
	PANTAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN TO PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO [2]
DITE	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY DCCURRED. (Enter noture of injury in Part for Port II from 18.)
18	(IF EITHER, NOTIFY MEDICAL EXAMINER)
13	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City ar tawn) (County) (State
1007	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Haur a. m. While Nat while at wark
Н	21. I certify that I attended the deceased from Walch 1, 19 6 (, to Walch 1 0 19 6 that I last saw the decease
1	
	alive an M. fram the causes and an the date stated above
Т	ADDRESS (Street, city ar town, state) DATE SIGNE
	SIGNATURE WOULD WELL CONSTRUCTION SOOT S ROUTEN SUFER S
Т	any control of the co
1	PHYSICIAN'S NAME (Type)
2	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION, (City, tawn, or county) (State)
	Bung 3-14-61 Holy Redresser Com Baltimore md.
23	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE
	FRANK Cuache Son 900 M. Chester St, DAHLAR 13'61 anchor S. Hours

245 CS (1) 4884 a sent to the first of the second second second second The state of the s Section 1 (1) The Art of the Art PERSONAL PROPERTY AND A PERSONAL PROPERTY AND A PROPERTY AND A PERSONAL PROPER Breit 3-14-16 Bell Chile - Care - Care Breit - Francis Constitution to and a 42 th set box to and the 43. TO HOPPLAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after \$\frac{\pi}{26} \pi\$ death. \$\frac{\pi}{26} \pi\$ may be retained by the hospital or attending physician. \$\frac{\pi}{26} \pi\$ TO FUNCARL DIRECTOR: After this certificate has been signed by the attending physician and complete. \$\frac{\pi}{26}\$ illed in by the funeral \$\frac{\pi}{26}\$ in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should \$\frac{\pi}{26}\$ be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. within 24 hours after

M	ARYLAND	STATE	DEPARTMENT	OF	HEALTH

	ARILAND SIAIL DEPARIMENT	J. IIIAEIII
DIVISION OF STATISTICAL I	RESEARCH AND RECORDS, 301 W. PRESTO	ON STREET, BALTIMORE 1, MARYLAND
0.000	CERTIFICATE OF DEAT	M 1000 11 11 11 11 11 11 11 11 11 11 11 1

	2825	CERTIFICATI	E OF DEATH		108801
1.	PLACE OF DEATH	tem ic Him UZ	2. USUAL RESIDENCE (WI	nere decaesed livad, If Institution, Re	sidance before edmission)
)	COUNTY		a. STATE	b. COUNTY	
_	Baltimore	MARYLAND	Maryland		
r	b. CITY OR TOWN (if outside corporete limits, write RURAL and give naerest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outsid	e corporete limits, write RURAL end	give nearest town)
	Catonsville	3 Mths. 3 Days	Baltimore	-2 V 01	-4
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pital, give street eddress)	d. STREET ADDRESS		. IS RESIDENCE
Z	Spring Grove State Hospi	tal	1808 Poplar	Grove St.	YES NO
3.	NAME OF First DECEASED	Middle	Last 4. D.		Day Yaar
	(Type or print) Hazel			EATH March	3, 19 61
3.	SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In years IF UNDER 1 Y	
1	Female White WIDOWE		May 3, 1890	last birthday) Months De	ays Hours Min.
10.	a. USUAL OCCUPATION (Give kind of work na during most of working life, evan if ratired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Sta	ata, or foraign country) 12. CITIZ	EN OF WHAT COUNTRY?
	Housewife		Maryland	NOT THE RESERVE	U.S.A.
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	Unknown		Unknown		
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 17	NFORMANT	Address	
(1.	unknown ((fyesgivawarordetasofsarvice)	inknown R	ecords. Spring	Grove State Hospi	+-1
==	18. CAUSE OF DEATH [Enter only one cause per l	ine for (e), (b), and (c),)	cords. Spring	arove boate nospa	INTERVAL BETWEEN
	DART L DEATH WAS CALLED BY				ONSET AND DEATH
	IMMEDIATE CAUSE (a) A.2	zotemia			2 Weeks
	572 DUE TO		and the last state of		
	Conditions, if any, which (b)	ronic glomerul	onephritis		years
	geva rise to Immediata causa				
	(w), stating the underlying				
-	PART II. OTHER SIGNIFICANT CONDITIONS CON	ITRIBUTING TO BEATH BUT NO	T RELATED TO THE TERMINIAL DIS	TAGE CONDITION CIVEN IN BART	(a) 19. WAS AUTOPSY
é				SEASE CONDITION GIVEN IN PART I	PERFORMED?
5	Cerebral arterioscle				YES NO
CERTIFICATION	200. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED.	(Enter natura of injury in Part I or	Part II of itam 18.)	
¥	20c. TIME OF INJURY Month, Day, Year 20d.	INJURY OCCURRED 20e. PLA	CE OF INJURY (Homa, farm, 1 20f.	. (City or town) (Count	y) (Stata)
MEDICAL	Hour e.m. While	Not Whila facto	ory, straat, office bldg., etc.)		
X	p.m. 19 at wor		1		
	21. I certify that (I) (this hospital) attent	ded the deceased from	11/30/60,19	, to3./.3/.61, 19	, that (I) (we) last
	saw the deceased alive on	19.61 , and that	death occured a 9	from the causes and on th	e date stated above.
	22e. SIGNATURE	/	L. T.		22b. DATE
	Thereworth!	went m.	D. PHYS. DIRECTO	OR PHYS. 12 3/L	1/61 SIGNED
	22c. PHYSICIAN'S		22d. ADDRESS Spri	ing Grove State H	ospital
	NAME (Type) RYING M	DERRY		onsville 28, Mary	
23	BURIAL, CREMATION, 236. DAJE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d.		(State)
	BURIAL MAR. 6, 1961	LOUDON PAR	K CEM. I	Baltimore, Md	
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25e. REC'D BY	REGISTRAR 256. REGISTRAR'S SI	
1	John Burns Sons. To	nom med	DATE	1 61 -1 2	Kraus
4		- HAND			



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12808

-							
1.	PLACE OF DEATH				ICE (Where deceased lived, if it		ce bafore admission)
		TIMORE	MARYLAND	a. STATE MARY	b, count	1	
) -		outside corporata limi			(If outsida corporata limits, writa	RURAL and give	nearast town)
	write RURAL and	give naarast town)				DV	11-11
-	FORT HOWAR			BALTIMORE		31	VITT
1	d. NAME OF HOSPIT.	AL OR INSTITUTION (if not in hospital, give straat address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	VETERANS A	DMINISTRAT	ION HOSPITAL	3600 EAST	BALTIMORE STRE	or other thanks	YES NO
3.	NAME OF	First	Middle	Last Last	4. DATE Month	Day	Year
	DECEASED (Typa or print)	TARK	TOO 1.7	DODTIMON	OF DEATH MAD OT	7 70	19 67
1	SEX	JAM		ROBINSON DATE OF BIRTH	9. AGE (In years		19 61 IF UNDER 24 HRS.
) SEA	O. COLOR OR RACE	7. MARRIED NEVER MARRIED B	. DATE OF BIRTH	last birthday)	Months Days	Hours Min.
1	MALE	WHITE		JUNE 30 18	99 61 yrs.		
10	a. USUAL OCCUPATION	ON (Giva kind of work	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coul	nty & Stata, or foreign country)	12. CITIZEN O	F WHAT COUNTRY?
1			CEMETERY	MADVIAN	D	TI C I	2 1 7 1 2 2
13	SUPER INTEN	DENT	CENETERI	MARYLAN 14. MOTHER'S MAIDEN		U.S.A	•
10	THOMAS ROB			SADIE B.			
		R IN U.S. ARMED FOR yas giva war or datas of s		INFORMANT	Address		
	YES	WW-1	216-09-1427 CL	IN REC VAH	BATTO AMD - FT	P HOWARD	DIVISTON
	18. CAUSE OF D	EATH [Entar only ona	cause par line for (a), (b), and (c).]		Date:	INI	TERVAL BETWEEN
		WAS CAUSED BY:	CARCINOMATOSIS				UNKNOWN
	1/5	MMEDIATE CAUSE (a)	CHICOTHOTHECOTO				TATATATA TA
	163	DUE TO					
	Conditions, if any	1-1.	CARCINOMA, LEFT L	UNG			YEARS
	gava risa to Immadia (a), stating tha un	DITE TO				3.6	
	causa last.	(c)					
Z	PART II. OTHER	SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(0) 1	
IĔ	ODED ATT	ON. DECEM	TON TERM TIME 7	OE7			PERFORMED?
FIG	OPERATI 2Da. ACCIDENT WA		TION, LEFT LUNG - 1		Part Lor Part II of item 18.1		10 10
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH	2001 0230002 110 11 11 10001 0 0 0 0 0 10	Tellion marera or injury in			
		MEDICAL EXAMINER)					
MEDICAL	20c. TIME OF INJUI	RY Month, Day, Ye		CE OF INJURY (Home, fari tory, straat, offica bldg., atc		(County)	(State)
MED	Hour a.m.	19	at work at work				
		at M (this hospi	tal) attended the deceased from	March 15	1261 to March 18	1967.	hat (M) (we) last
		ed alive on Mali.	ch. 18,19.61, and that	death occured at	am, from the causes	and on the da	22b. DATE
	22a. SIGNATURE		1 11 1 1 10 10-1		MED. STAFF		SIGNED
			MINIMUS M	1.0.	DIRECTOR PHYS.		3-18-61
	22c. PHYSICIAN'S NAME (Typa)	Ou.		22d. ADDRESS			
	777/112 (1794)	PAUL G. K	OUKOULAS M.D.	VAH BALT	IMORE MD - FT H	HOWARD DI	IVISION
23	a. BURIAL, CREMATIC	ON, 236. DATE THE	REOF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tow	n or county)	(State)
	REMOVAL (Specify)	13/2//	/ /	ODTAT	BALTIMORE	MARYTAN	(II)
-	BURTAL FUNERAL DIRECTOR	S SIGNATURE	MORELAND MEM		C'D BY REGISTRAR 25b, REG		T-day
			3019 E. Monume	nt St		JANAK S SIGINA	
F	REDERICK D	. MILLER,	INC. Baltimore 5, M	d. DALLAF	20'61	9 19	
					Citt	WA & Traces	

death. Let may be retained by the hospital or attending physician.

Yet may be retained by the hospital or attending physician.

Yet may be retained by the hospital or attending physician and complete. After this certificate has been signed by the attending physician and complete. After this certificate has been signed by the attending physician and complete. After this certificate has been signed by the attending physician and complete. After this certificate has been signed by the attending physician and complete. After this certificate has been signed by the attending physician and complete. After this certificate has been signed by the attending physician and complete. After this certificate has been signed by the attending physician and complete. After this certificate has been signed by the attending physician and complete. After this certificate has been signed by the attending physician and complete. After this certificate has been signed by the attending physician and complete has been signed by the attending physician and complete has been signed by the attending physician attend

within 24 hours after

The law requires that the death certificate be executed

OR ATTENDING PHYSICIAN:

TO HOS

VIII. PRESE ANTONIA PERSONAL PRESENTANCE DE L'APPRESE ACTUALIZATIONE REPREDAV

10 St. St. HUHAY BOOKINGS W RUMAY BILLY (]

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E RETURN ORIGINATE - TRANSCOTAR TRAVE CONTINUO (1211-30-32) THE RANGE OF THE PROPERTY OF THE P

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AND THE STREET, AND THE STREET

TORE - DATE WEST THE TRUE : HOWARDS

March 16, -- 51 (200 15, ...)

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Figure 2019 E. Bond ent Gt Figure 2019 E. Boltseore S. 24.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	2	2827	CI	ERTIFICATE	OF DEATH			0	28/19	
1.	PLACE OF DEATH		1000	O FILER UZO,	Z. USUAL RESIDEN	CE (Where dacas	sad lived, If in	stitution: Residan	ca before admiss	ion)
	a. COUNTY Baltin	nore		MARYLAND	a. STATE Mary.	land	b. COUNT	Y	1	
	b. CITY OR TOWN (if outsi		c. LE	NGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpore	te limits, write	RURAL and give.	neerest town)	
	write RURAL and give i		ENT OF	63 years	Balt.	more, Ma	brelva		3 V 51.	-
-	d. NAME OF HOSPITAL O	S Mills	ot in hospital, d		d. STREET ADDRESS	LINUI C, Mc	il y Lariu		I e. IS RESIDEN	NCE
									ON A FAR	SW3
_	Rosew	rood St. I	r. Scho	ol		3. Fultor		t	YES NO	X
1.3.	NAME OF DECEASED	First		Middle	Lest	4. DATE	Month	Day	Year	
-	(Typa or print)	Benedi	ct		Rosendale	DEATH	3	2	3 1961	
5.	SEX 6. C	OLOR OR RACE 7.		NEVER MARRIED	B. DATE OF BIRTH	19. A	GE (In years	IF UNDER 1 YEAR	IF UNDER 24 H	RS.
	25. 2	*** * * * .		TETER MINISTER	2/27/05	la la	st birthdey)	Months Days	Hours Min	n.
- 50	Male	TILLEGG	WIDOWED _	DIVORCED	3/31/00	,	& Atte			
do	one during most of working I	live kind of work	10b. KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cour	nty & State, or fore	eign country)		F WHAT COUN	TRY
0	dependen		100	none	Baltimore	e, Maryla	and	U	J.S.A.	
13	FATHER'S NAME				14. MOTHER'S MAIDEN					
	(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	D	. 12	1500	Mary Rosen	non (door	(bases			
15	Christopher Was DECEASED EVER IN 1	Rosendale	e (decea	L SECURITY NO. 17.		Het. (dece	Address			_
(Y	es, no, or unkown) (Ifyesgi	ve wer or detes of serv	ice)	L SECORITI NO. 17.						
	no -		-		Rosewood	d Records	, Owin	gs Mills	, Md.	
	18. CAUSE OF DEATH	I [Enter only one ca	use per line for	(e), (b), end (c).]			0		TERVAL BETWEEN	
	PART I. DEATH WAS	S CAUSED BY: DIATE CAUSE (e)	Moresi	we mu	lu may	am lo	lina	-	ISEI AND DEATE	1
	Immet	A	, , , , ,	()	1		- 1/			-
	100	DUE TO	71	0 1	0 0	- 0		101		
	Conditions, if any, whi	(=/	1 and	an poor	of fem &	val a	e.	nglit		
	geve rise to Immediate car (a), stating tha underly	DI III TO	,	0	1 1 1	4	0. 1	0		
	couse lest.	(0)	ante	Son ele	othe la	the so	W780			
z	PART II. OTHER SIGN	IFICANT CONDITIO	NS CONTRIBUT	ING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CO	NDITION GIVE	N IN PART 1(a)	19. WAS AUTOP	SY
2									PERFORMED	?
δ									YES NO	<u></u>
E E	20a. ACCIDENT WAS UN OR CONTRIBUTING [] CA		Ob. DESCRIBE	HOW INJURY OCCURE	D. (Enter nature of injury in	Pert I or Pert II of	item 1B.)			
8	(IF EITHER, NOTIFY MEDIC									
3	20c. TIME OF INJURY	Month, Day, Yeer	20d. INJURY		ACE OF INJURY (Home, farr		town)	(County)	(Steta))
OS	Hour a.m.	40.00		ot While fac	ctory, street, office bldg., etc	:.)				
Z	p.m.	19			0 10 0	000	3/2 3			
н	21. I certify that	(this hospital) attended the	he deceased from	0/48,	18.4/ to	21.2.3	, 19.62.	hat (I) (we)	las
	saw the deceased a	live on		.19.6/, and tha	t death occured at	M, from the	he causes a	and on the d	ate stated abo	OVE
	22a. SIGNATURE		0 1						22b. DA	
	6.4 10	K'or	lial			MED. DIRECTOR	STAFF PHYS.		3-24 SIG	ME
11	22c. PHYSICIAN'S	1 20		1	22d. ADDRESS		0 00		.,	
	MYNA (INBO)	WR:	001	o act	4307	Mai	L'alal	Rue	R. Dd.	16
_	- Comment		664	XYY	700		17	11	Turna 1	1
23	BURIAL, CREMATION, CREMOVAL (Specify)	23b. DATE THEREC	23c.	NAME OF CEMETERY	PROCREMATORY	25d. LOCATI	ONVICITY, tow	n or gounty)	(Stata)	/
	(3,5,5,5,5,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,	2/2/1	6/	10W.	alhedra	4	wil	W	Ma	
14	FUNERAL DIRECTORS STO	SNATURE /	2	ADDRESS /	1 250. RE	C'D BY REGISTRA	R 2567 REG	ISTRAR'S SIGNA	TURE	
5	esnall y	Lucks	53A	5 Heak	and the part of	J.// R.	Va			

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Annual collection of the late and the many of war with your transfer and the way to be a few took on the would thered thereto a done it 2/23 market mark HERE IN THE REPORT OF THE PARTY OF MERCHANICAL STREET

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 2828

02810

1. PLACE OF DEATH Baltimore County MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY PROCESSION OF THE COUNTY PROCESSIO	V
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	
Mt. Wilson, Maryland d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADPRESS	e. IS RESIDENCE ON A FARM?
Mt. Wilson State Hospital	4803 ± "M" STREET	YES NO
3. NAME OF First Middle Output Outpu	Last 4. DATE Month OF DEATH 3	Day Year 18 1961
	Di Dillia di Dillia	YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired) REPAIRMAN - PIN BALL MACH.	FIRY IV BIRTHPLACE (Stote or foreign country) ENGLAND	YES U.S. A
13. FATHER'S NAME HENRY ROWE	MARGARET ALICE DO	UTHWAITE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes, no. or unknown) (If yes, give wor or doles of service) FES PEACETIME ARMY 004-28-42505	spital Records, Mt. Wilson State	Hospital
18. CAUSE OF DEATH [Enter anly one cause per line far (a), (b), and (c).]		INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Y TUBER CUlosis	1 1 1 1 0 1
Conditions, if any, which)		81 × 101 01
Conditions, if any, which gave rise to immediate cause (a), stoting the under-		(Approx)
Iying couse last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT BELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	10119 WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RED TO THE TEXAMORE SOLVE CO. TO THE TEXAMORE SOLVE CO.	PERFORMED? YES NO
	D. (Enter nature of injury in Port I ar Port II of item 18.)	
20c, TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED 20e, PU	ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.) (City or town) (C	ounty) (Stote)
21. I certify that M (this haspital) attended the deceased from saw the deceased alive an 3-18-1961, and that deceased	3-3- 1961, to $3-18-$ 196, leath occurred at 106M, from the causes and an the	
22a. SIGNATURE	M.D. PHYS. DIRECTOR PHYS.	22b. DATE 3/18/5/5/
Wm. New Comer, M.D., uperintendent	Mt. Wilson State Hospital, Mt	. Wilson, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF ARLINGTON A	ATL. CEM. FORT MYER	(Stote)
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REGISTRAR 25b. REGISTRAR'S SIC DATE On Thur S. 9	

TITADO TO TRADICIDAD DO CO The large and a life. NEW ATTENDANCE TO A SANT LOS CONTRACTOR OF THE PARTY OF T AND THE PERSONNEL WAS THE PARTY OF THE PERSONNEL WAS THE PERSONNEL

TO HOSE TAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death.

Jed may be retained by the hospital or attending physician.

TO HOSE A may be retained by the hospital or attending physician and complete. Affect this certificate has been signed by the attending physician and complete. Affect this certificate has been signed by the attending physician and complete. Affect this certificate has been signed by the attending physician and complete. Affect this certificate has been signed by the attending physician and complete. Affect this certificate has been signed by the attending physician and complete. Affect this certificate has been signed by the attending physician and complete. Affect this certificate has been signed by the attending physician and complete. Affect this certificate has been signed by the attending physician and complete. Affect this certificate has been signed by the attending physician and complete. Affect this certificate has been signed by the attending physician and complete. Affect this certificate has been signed by the attending physician and complete. Affect this certificate has been signed by the attending physician and complete. Affect this certificate has been signed by the attending physician and complete with the state of the physician and complete physician attending physician and complete physician attending physician and complete physician attending physician attending

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2829 CERTIFICATE OF DEATH

11201

	1. PLACE OF DE	ATH			2	USUAL RESIDEN	VCE (Where daceas	ad lived, If ins	titution: Ra	sida de les	Im ssion)
4	a. COUNTY	BALTIMORE		MARYLA	NID	a. STATE	TAND	b. COUNTY			/
	b. CITY OR TOY	VN (if outside corporata limi	ts,	c. LENGTH OF STAY		c. CITY OR TOWN	(If outside corporate	limits, write R	URAL and	give nearast to	own)
	FORT HOW	and giva nearest town)		87 DAYS		BATTIMORE			SV	0 1	-4
N		OSPITAL OR INSTITUTION (if not in ho	O less married and		d. STREET ADDRESS	5				RESIDENCE
9	TERMINE AND	ATMICINE AME	ONT TIC	COTMAT		TOOO GETOOT	C DOAD			YES	NO KY
	VETERANS 3. NAME OF	ADMINISTRATI First	ON HO	SPITAL		1902 CEDRI	C ROAD	Month		Day Ya	
	DECEASED (Type or print)			711 0010		with the same of	OF DEATH				
7		CLAR				ROWSON		MARCH	IDIDERIN	18, 19	-
	5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED] 8. D	ATE OF BIRTH	9. A	GE (In years IF st birthday)		Bys Hours	ER 24 HRS.
1	MALE	COLORED	WIDOW	ED DIVORCED] AP		194 6	6 yrs.			
		JPATION (Give kind of work of working life, avan if refire		KIND OF BUSINESS OR IN	DUSTRY	II. BIRTHPLACE (Cou	unty & State, or fore	ign country)	12. CITIZ	EN OF WHAT	COUNTRY?
	LABORER		-/	ODD JOBS		WARWICK CO	VTRGT	NTA	H	S.A.	
	13. FATHER'S NAM	AE .			14	MOTHER'S MAIDEN	NAME				
	UNKNOWN					WINNIE ROW	ISON				
	15. WAS DECEASE	DEVER IN U.S. ARMED FOR		SOCIAL SECURITY NO.				Address			
		(Ifyes giva war or datas of s		70 07 5006	CTTM	REC VAH	BALTIMOR	RE MD	FT HOW	WARD D	TOTOM
3	YES	OF DEATH [Enter only ona		219-01-5006 lina for (a), (b), and (c),	CTITI	ILEAS VAII	DATIT THOS	י עוני פור	T HOW	I INTERVAL B	
		EATH WAS CAUSED BY:			TI mu	TNIC				ONSET AN	OWN
20	111	IMMEDIATE CAUSE (a)	CA	RCINOMA, RIG	ית בחו	DIVO				0111241	
	103	DUE TO									
	Conditions, if	1-7.									
	(a), stating th	DIT TO								1100	
	causa last.) (c)									
	Z PART II. O	THER SIGNIFICANT CONDI	TIONS CO	NTRIBUTING TO DEATH B	UT NOT R	ELATED TO THE TERM	INAL DISEASE CON	NDITION GIVEN	I IN PART 1	(a) 19. WAS	AUTOPSY ORMED?
	Ž.									YES	NO A
3		T WAS UNDERLYING	2Db. DE	SCRIBE HOW INJURY OC	CURED. (E	ntar nature of injury in	n Part I or Part II of	itam 18.)			
	OR CONTRIBUT	TING CAUSE OF DEATH									
	ZOc. TIME OF	INJURY Month, Day, Ya	ar 2Dd.	INJURY OCCURRED 2D		OF INJURY (Homa, fai		town)	(Count	y)	(Stata)
	20c. TIME OF Hour a		Whi af wo		factory	streat, offica bldg., et	tc.)				
R		.m. 19			. D-	02	1060 35	T	0 106	2 . 30	() l .
91		y that K (this hospi			rom.Le	cember.21.	1900, 10.M2	arenL	J, 190,	L, that (10)	(we) last
7.		ceased alive onMar	en I	31961, and	that de	eath occured at.	M, from th	e causes ar	id on th		
	22a. SIGNATI	De la company de	10	2		ATTENDING_		STAFF		22	26/20/81
	X	Comas	ZV	relien	M.D.	PHYS.	DIRECTOR	PHYS.		3/	120/01
	22c. PHYSICIA		1			22d. ADDRESS		15-97			
		F. CRAHAN, M	.D.			VAH, BALI	IMORE 18	,MD.,F	r. Ho	WARD D.	IVISION
1	23a. BURIAL, CREA	MATION, 23b. DATE THE	REOF	23c. NAME OF CEME	TERY OR	CREMATORY	23d. LOCATIO	ON (City, town	or county)		(Stata)
	Burial (Spe	3-22	-61	Baltimore	Nati	onal	Balti	more, M	aryla	nd	
3	24 FUNERAL DIREC	CTOR'S SIGNATURE	18	08 N. Monroe	Str		EC'D BY REGISTRA	R 25b. REGIS	TRAR'S SI	GNATURE	
	Arlingto	n S. Phillip	s Ba	ltimore 17,	Mary	land DATE	MAR 2 3 '61		- 2		
	*** ********				3	1 - 1 - 1			The S.	Turus	

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FOR STATE HEALTH TO DEL LY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a lay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the invarial director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of retain or its designated agent, prior to burial, cremation, or removel, and in any event within 72 perms filer death.

VS. A15ME 5M 7/59

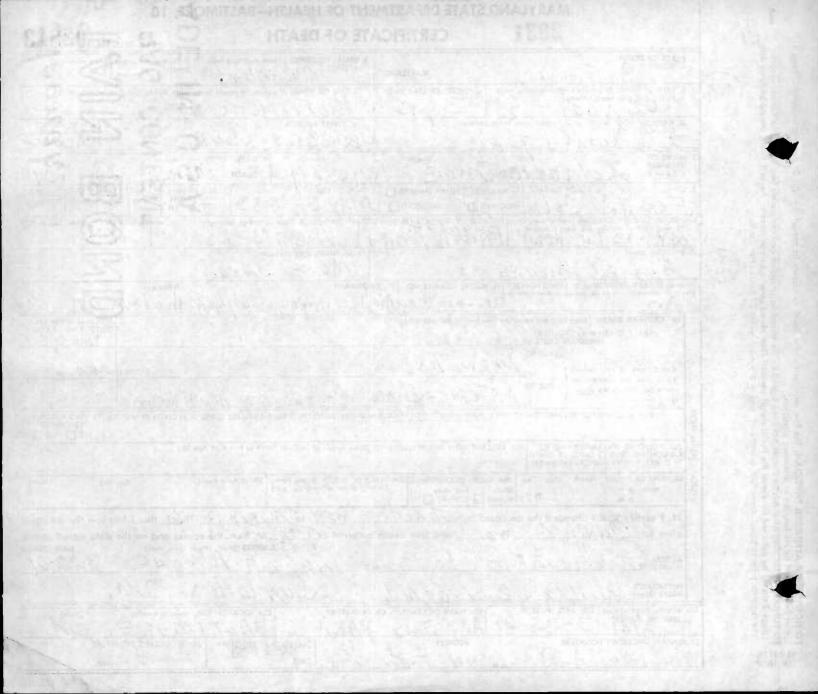
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2830 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02812

1.	PLACE OF DEATH a. COUNTY		o, STATE AA	E (Where deceased lived, If in b. COUN)		nce before edmission)
	Bultimore	ARYLAND	Ind.	b. cook	V5 24	7/10/316
	write RURAL and give neerest town)	OF STAY IN 16		outside corporate limits, write	RURAL and give	nearest town)
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stree	t addross)	d. STREET ADDRESS			. IS RESIDENCE
1 =	7 - 1 W / OI	, addiess,	1	. 1 1 1		ON A FARM?
-	1501 POVN 12d			ettord Ave.		YES NO
3.	NAME OF First Mid	ldle	Last	4. DATE Month	Day	Year
	(Type or print) Gary Lee	OLOZE	in Kowskir	DEATH 3.	- 18	- 1961
6.	SEX 6. COLOR OR RACE 7. MARRIED NEVER M	ARRIED 8.	. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER I YEAR	
	The state of the s	ORCED _	10-18-1958	2 yrs.	Months Days	Hours Min.
	e. USUAL OCCUPATION (Give kind of work one during most of working life, even if refired)	SS OR INDUSTR	Y 11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
n	one		Maryland		UST	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME		
	Lean A Rozanbowski	1000	Connaine	Kelbaugh		
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECUE	UTY NO. 17. 1	NFORMANT	Address		
(Ye	s, no, or unkown) (Ifyasgivawarordatesofservice)		eon J. Roze	ankowski	sam	e
-	18. CAUSE OF DEATH [Enter only one causa per lina for (a), (b),		0 0			TERVAL BETWEEN
			/ .			NSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Puyuleu y	Merine	9143			
	340.3 DUE TO	C				
	Conditions, if any, which (b)					
1	gava rise to immediate cause (e), stating the underlying DUE TO				134-191	
1	causa last. (c)					
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVE	N IN PART 1(a)	19. WAS AUTOPSY
Ě						PERFORMED?
SI	208. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJUI	RY OCCURED. (E	inter nature of Injury in Part	I or Part II of item 18.)		- N
CERTIFICATION	PRIMARY or CONTRIBUTING CAUSE OF DEATH.					
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCUP		CE OF INJURY (Homa, farm, ory, street, office bldg., etc.)		(County)	(State)
WED	Hour a.m. While Not While p.m. 19 at work at work	puntany	ory, moor, orner brog., ores,			
	21. I certify that I took charge of the remains describ	ed above, he	ld an Autopsy .	Inspection Inquiry	, and	d in my opinion
	death resulted from: Natural causes 🔀 Accident			Undetermined ma	anner 🗍	
			CHIEF MEDICAL E	XAMINER [
П	ACTUAL IIIII III			/	14/1-1	DATE SIGNED
	SIGNATURE EL ELL SOUTH		M.U.	CAL EXAMINER 3	17/6/	DATE SIGNED
1	EXAMINER'S NAME (Type)		DEPUTY MEDICAL Address (Street, c	ily, town, or county)		
22	REMOVAL (Specify)	OF CEMETERY OR		22d. LOCATION (City, town,		(State)
23	burial 3-22-67 Dulane FUNERAL DIRECTOR ADDRESS	zy Vall	Ley Mem.	Daltemore (DBY REGISTRAR 246. REGISTRAR)	ounty,	TURE
1	eonard J. Ruck 5305 Harford	1 Rd.	DATEMAL	R 21 '61 av	Chur S. Kra	wA Au

CONTROL OF THE LANGUAGE TO A STATE OF THE PARTY OF THE PA 3.123.1 mill Harden & Steening the SALES SEE COMMENT OF SECURIORS OF SECURIORS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



TO HOS AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after seet, as 4 may be retained by the hospital or attending physician.

IN FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

15M 9/60

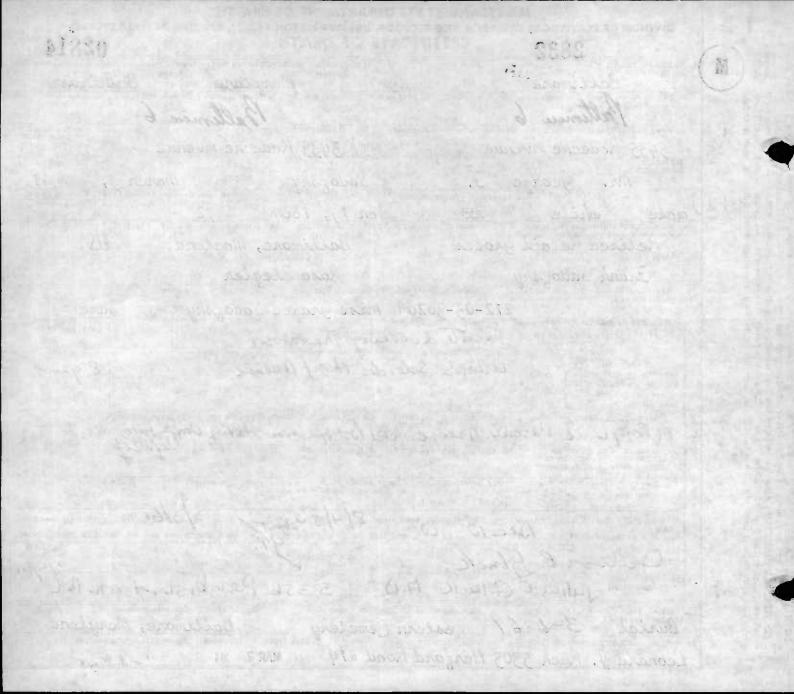
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MARYLAND STATE DEPARTMENT OF HEALTH

E 1. MARYLAND Di 02814

VISION (OF STATISTICAL	RESEARCH AND	RECORDS,	301 W	. PRESTON	STREET,	BALTIMOR
	2832	CERT	IFICATE	OF	DEATH		

III	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before adm	nission)
J	o. COUNTY Baltimore MARYLAND	a. STATE Mary Land b. COUNTY Baltimore	
	b. CITY OR TOWN (f) outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL and give hearest town)	c. CITY OR TOWN (If Sulside corporate limits, write RURAL and give neerest town)	
	write RURAL and give hearest town	X 12 At : 6	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIG	
0	5435 Radecke Avenue	J 5435 Radecke Avenue YES□N	ARM?
	3. NAME OF First Middle	Last 4. DATE Month Day Year	
	(Type or print) Mr. George 7.	Sadotsky DEATH March 3. 196	1
1	No cry	DATE OPBIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24	-
		last birthdey) Months Days Hours	Min.
-	male white WIDOWERL DIVORCED Ja 100. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTR	N / 9, 1009 /2 yrs.	UNTRY?
	done during most of working life aven if retired)	D 11. AA 1 1 11CA	0111111
d	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME	
	7 1 (1 1 1	0 7. /	
	frank Sadofsky	Rosa Liegier	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no, or unknown) (Ifyes give were redetes of service)	NFORMANT Address	
		iss Grayce Sadofsky same	
	1B. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]	INTERVAL BETW ONSET AND DEA	
	PART I. DEATH WAS CAUSED BY: LICELLE CORONAL IMMEDIATE CAUSE (a)	ry thrombosis	1
	DUE TO 21	7 6h. 11	
	Conditions, if eny, which \ (b) When's Oclerate	c Hart Delvac 8 year	5_
	gave rise to immediate cause (e), stating the underlying DUE TO		
	couse last. (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT	TOPSY MED?
	(1) Rempleral Vascular Dease (2)	POST- goznative Status amplitation YES I NO	0 1
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO. (I Perplant Vascular Daese (I) 200. ACCIDENT WAS UNDERLYING TO DEATH OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER.	. (Enter neture of injury in Parl I or Part II of Item 18.)	
	ZOc. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLA		tete)
	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not While fact p.m. 19 el work at work	ory, street, office bldg., atc.)	
		8/4/50, 19 to 3/3/6/ 19 that (1) (w	e) las
	saw the deceased alive on Dec 10 1960 and that	death occurred at 30 M, from the causes and on the date stated at	above
	22a. ÆIGNATURE/	22b. I	DATE
	Julian E. Glack	D. PHYS. DIRECTOR PHYS.	SIGNED
	22c. PHYSICIAN'S	22d. ADDRESS	10
	NAME (Type) Julius L. Gillick, III.	3336 (CUSERS LOGICUM IGL	
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State	e)
	Burial 3-6-6/ Western Ce	metery Baltimore, Maryland	
1	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	
	Leonard J. Ruck 5305 Harford Road	1 #14 DATE MAR 7 '61 7 1 8 King	



MARYLAND STATE DEPARTMENT OF HEALTH
ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 9

	OF STATISTICAL RESEARCH AND RECORDS — BAL	TIM
833	CERTIFICATE OF DEATI	H
000	CERTIFICATE OF DEATH	

		6000		CERTIFIC	AIE	OF DEATH					ING	5
	PLACE OF DEATH D. COUNTY	Balti	mor e	MARYLAN	- 11	JSUAL RESIDENCE (Who state Mary)		b. COUNTY	on: Reside	nce befo	ore admiss	sion)
1	RURAL and give no		s, write	c. LENGTH OF STAY IN 1	lb (E. CITY OR TOWN (IF or Baltimo		rate limits, write R	URAL and	give ne	arest town	n)
	TOWS:	JII AL (If not in hospital, g	ve street	2 yrs.		d. STREET ADDRESS	ore			V	e. IS RES	SIDENICE
	OR INSTITUTION						NT A	. J A			ON A	FARM?
		Stella Mar	1S H	ospice		1030 E.	Nort	n Ave.			AE2	NO 🗌
3.	NAME OF DECEASED	Fire	it	Middle		Last	4. DATE OF	Man	th	Do	зу	feor
	(Type or print)	Mami			1025	Sauer	DEATH	Mar	ch	20		1961
)	SEX F	6. COLOR OR RACE	7. MARK	RIED NEVER MARRIED		TE OF BIRTH 12/11/1878	3	9. AGE (In years last birthday)	IF UNDE Months	R 1 YEAR Days	Hours	ER 24 HRS Min.
10a	. USUAL OCCUPATION	ON (Give kind of work of king life, even if retired)	lane 10h	KIND OF BUSINESS OR IN	DUSTRY		or fareign co		12. CI	TIZEN O	FWHAT	COUNTRY
	Hou	sewife				Mary	rland			U	.S.A	
13.	FATHER'S NAME				14	MOTHER'S MAIDEN N						
		James Gall	aghe	r	100	Emma	Mc C	omas				
15	WAS DECEASED EVE				7. INFOR		. 110 0	Addi	ress			
		(If yes, give war or dates of se	(anive	13-03-5024	,	Admissio	on Rec					2.18
	18. CAUSE OF DEA	TH [Enter anly one co	use per li	ne far (a), (b), and (c).]	-	EACH VICTOR	-1.00	4 1 2 1			ERVAL BE	
TION	Canditions, if a gave rise to i cause (a), stating lying cause last. PART II. OTher	the <u>under-</u> DUE TO		Llyps &	1100	related to the Termin	NAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o)	PERFC	AUTOPSY DRMED?
CERTIFICATION	20a. ACCIDENT W/ OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	IRRED. (Er	ter nature of injury in P	art I ar Par	t II of item 18.)			YES [_) NO [
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Day, Yea	While at war	Nat while		DF INJURY (Hame, farm, street, affice bldg., etc.		or town)		(County)		(State
	saw the decea	1111) attend /19/	ded the deceased fro 19 <u>61</u> , and the		accurred at	M, fram	March the causes an			stated	abave
	220. SIGNATURE	obert J.	m	hand	M.D.		A.M. D. RECTOR	STAFF PHYS.			22	SIGNET
	22c. PHYSICIAN'S NAME (Type)	Robert	Mah	on, M.D.		22d. ADDRESS 602 E.	Toppa	Road -	Tows	son,	Md.	
	BURIAL, CREMATIC REMOVAL (Specify)	March 20	- 61	23c. NAME OF CEMETER Cathod ADDRESS	ra CRI	Ciem	23d. LOCA	TION (City, town,	oric	KI	(Star	3. It
(il Bros	71	10 Belach	RH		R 2 2 '6		When I		MA	

TO HOSPIN OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hr. s after death. Page 4 may be fined by the haspital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pagers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death.

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CERTADOR TADAMENTO SERS. * * *

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the funeral director 2 should be fited with

ofter death. Page 4

DIRECTOR: After this certificate has been signed by the attending physician and campletely filled Pages 1 Then please remave carbon papers. the registrar priar to burial, cremation, or remayal, and in any event within 72 haurs after death. page 3 should be detached for use as the burial-transit permit.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 | by the hospital ar attending physician TO FUNERA TO HOSPIT

VS A15 (4) 15M 10/57

FUNERAL DIRECTOR'S SIGNATUR

		MARTI	LAND	SIAIE DEPA	KIN	IEINI OF HEALIF	1-DAL	IIMOKE, I	0			
		283:	5	CERTI	FIC	ATE OF DEATH	Н		Reg. D	ist. No	028	217
	Ba	ltimore		MARY	LAND	2. USUAL RESIDENCE (WI	here decease	d lived. If institution b. COUNTY			imo	
b. CIT	TY OR TOWN (If RAL and give ner	outside corporate limi arest town) AWN	ts, write	c. LENGTH OF STAY		c. CITY OR TOWN (If	outside corpo		URAL and	give ne	arest town	n)
d. NA OR 2	INSTITUTION	AL (If not in hospitol, g	jive street	oddress)		d. STREET ADDRESS 2011	0ak	Drive				SIDENCE A FARM? NO
3. NAMI DECE (Type		Cece		Middle B •		Schmitt	4. DATE OF DEATH	Mon Marc		25,		Yeor 1961.
5. SEX Fom	ale	6. COLOR OR RACE White	7. MARR	ED NEVER MARRIED DIVORCE		8. DATE OF BIRTH Oct.23,189;	S	9. AGE (In years lost birthday) 68 yrs.	Months Months	Days	Hours	Min.
Ha	JAL OCCUPATION IN MORE TO THE	ing life, even if retired	done 10b.	KIND OF BUSINESS O	OR INDU	ISTRY 11. BIRTHPLACE (Stote		country)	12. CI		S.S.	A.
15. WAS (Yes. no. o	DECEASED EVER	N . A . SCI	CES? 16.	SOCIAL SECURITY NO		INFORMANT		M. Lud	ess		(28)
Co go cou	PART 1. DEAT 420./ anditions, if on we rise to im use (o), stoting to	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO y, which mediate	ouse per lie	114-14-46 ne for (0), (b), and (c). 114-14-46 114-14-46 114-14-46		lss Dorothy L Failur Luy dise	H.Lu	dwig 11	5 Rc	S OV	FOOD ERVAL BE SET AND -Z	DEATH
RTIFICATION SOC OR C	ACCIDENT WAS	ER SIGNIFICANT CON S UNDERLYING CAUSE OF DEATH WEDICAL EXAMINER)	DITIONS			T NOT RELATED TO THE TERM			EN IN PAI	RT 1(o) 1	9. WAS PERFO YES	DRMED?
-	TIME OF INJURY Hour o.m. p. m.	•	or 20d. It While of work	NJURY OCCURRED Not while at work	20e. PL fo	ACE OF INJURY (Home, form actory, street, office bldg., etc	o, 20f. (City	y or town)		(County)		(State)
	I certify the		deceas	ed fram 3/10/5		19, toZ n accurred at6_/	120/6/ h M, fran	n the causes a	_,that I	last so	aw the	decease ed abav

DATE/SIGNED

6410 Win ACTUAL SIGNATURE

Balto PHYSICIAN'S NAME (Type) Mis 220. BURIAL, CREMATION, REMOVAL (Specify) Burial 22b. DATE THEREOF 22d. LOCATION (City, town, or county)

22c. NAME OF CEMETERY OR CREMATORY

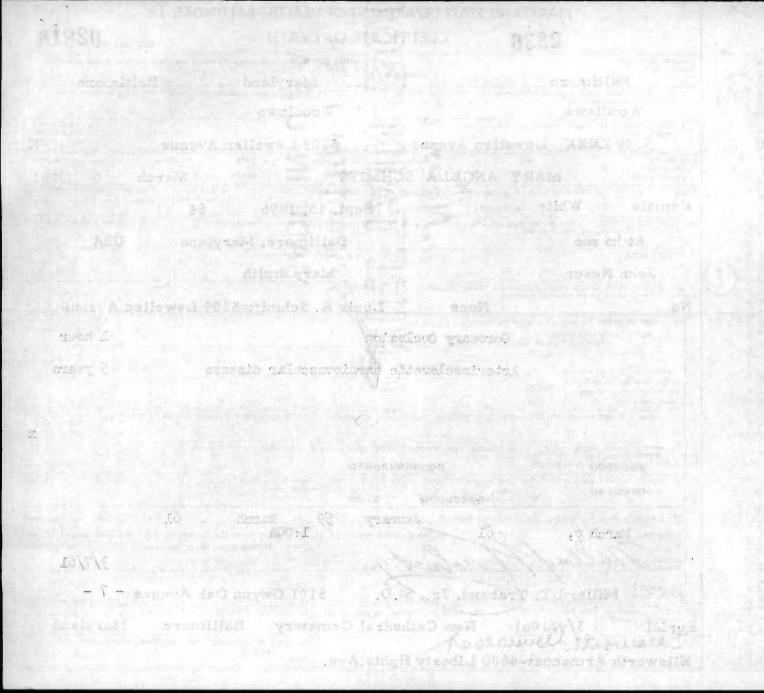
24a. REC'D BY REGISTRAR DATE MAR 2 8 '61

24b. REGISTRAR'S SIGNATURE arthur S. Kraus (Stote) Md

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TO HOSPIT OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 how ofter death. Pos	TO FUNE	boge	the registror prior ta buriol, crematian, or removal, and in any event within 72 hours after death.

PLACE OF PEATH COUNTY Baltimore MARYLAND COUNTY MARYLAND COUNTY MARYLAND MARYL		MARYL	AND	STATE DEPAR	TME	NT OF H	EALTH	-BAL	TIMORE, 1	8		
D. CITY OR TOWN (If carbide carporate limits, write b. CITY OR TOWN (If carbide carporate limits, write b. CITY OR TOWN (If carbide carporate limits, write b. CITY OR TOWN (If carbide carporate limits, write b. CITY OR TOWN (If carbide carporate limits, write BURAL and give morrest town) WOOGLAWN A STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS AND LEWELLEN AVENUE STREET ADDRESS STREET ADDRESS ADDRESS IN MAINT ADDRESS ARE STREET ADDRESS STREET ADDRESS ADDRESS IN MAINT ADDRESS ARE STREET ADDRESS STREET ADDRESS IN MAINT ADDRESS ARE STREET ADDRESS STREET ADDRESS IN MAINT ADDRESS ARE STREET ADDRESS STREET ADDRESS IN MAINT ADDRESS IN MAINT ADDRESS ARE STREET ADDRESS AND ADDRESS IN MAINT ADDRESS AND ADDRESS		283	6	CERTIFI	ICA'	TE OF D	EATH			Reg. Dis	. ND28	318
b. CITY OR TOWN (If autible carporate limits, write RUBAL and give necessal town) Windows in page 18 (and in hospital), give street address) d. NAMCOT POSTRIAL (If not in hospital), give street address) d. NAMCOT POSTRIAL (If not in hospital), give street address) 53.09 X.WXX Lewellen Avenue 53.09 X.WXX Lewellen Avenue 53.09 Lewellen Avenue 64. yr. 64. worlders MadDen Name Address Farters Name John Neser 65. WAS DECEASEDEVER NU, S. ARMED FORCES? 66. SOCIAL SECURITY NO. 76. MARTY Smith 66. 1961 67. WAS DECEASEDEVER NU, S. ARMED FORCES? 68. SOCIAL SECURITY NO. 76. NOTE: 88. CAUSE OF DEATH [Enter only one course per line for [o]. [b]. and [o].] 68. WAS DECEASEDEVER NU, S. ARMED FORCES? 69. WAS DECEASEDEVER NU, S. ARMED FORCES? 60. ACCORDENT WAS CAUSED BY. 60. ACCORDENT WAS LANDERIYMED. 60. DECEASEDEVER NU, S. ARMED FORCES? 60. ACCORDENT WAS LANDERIYMED. 60. DECEASE	a. COUNTY	1		MARYLA		a. STATE				an: Residenc	e befare adm	issian)
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DECASE OF COLOR OR RACE SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SOLVER MARRIED SOLVER MARRIED NEVER MARRIED SOLVER MARRIED NEVER MARRIED SOLVER MARRI	OR INSTITUTION					4		veller	Avenue		ON	A FARM?
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DIVERSION OF INJURY Manth, Day, Year March Strikes of Country John Strikes of	. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8.	DATE OF BIRTH			9. AGE (In years	IF UNDER	YEAR IF UN	DER 24 HRS.
At ho me Jeannes John Neser John Neser John Neser John Neser John Neser John Neser John Mary Smith Mary Smith Address Mary Smith Address Louis R. Schmitt=5309 Lewellen Avenue PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Louis R. Schmitt=5309 Lewellen Avenue John Death John Mary Smith Address Louis R. Schmitt=5309 Lewellen Avenue John Mary Smith Address Interval Between Avenue John Death John Mary Smith Address Louis R. Schmitt=5309 Lewellen Avenue John Mary Smith Address John Mary Smith John Mary Smith Address John Mary Smith Address John Mary Smith John Mary Smith John Mary Smith John Mary Smith John Mary Intervel Legal State John Mary Intervel Legal John Mary Interv									64 yrs.			
A. MOTHER'S MAIDEN NAME			lane 10b. k	CIND OF BUSINESS OR I	NDUSTI	RY 11. BIRTHPLA	CE (State o	ir fareign c	ountry)			COUNTRY?
S. WAS DECEASED EVER IN U. S. ARMED FORCES? No No No No No No No No Louis R. Schmitt=5309 Lewellen Avenue No		o me							ryland		JSA	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? No None None Louis R. Schmitt=5309 Lewellen Avenue	John 1	Neser				Ma	rv Sn	nith				
None Louis R, Schmitt=5309 Lewellen Avenue	S. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. S	SOCIAL SECURITY NO.	INF				Addr	ess		
PART I. DEATH WAS CAUSE BY. DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under: lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING DORON TORON			_	None	Lo	ouis R.	Schm	itt=5	309 Lewe	ellen.	Avenu	e
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH 10 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. TIME OF INJURY Manth, Day, Year Houghstyney Manth, Day, Year Houghstyney Mark No. While of work PART NO. 10 DESCRIBE HOW INJURY OCCURRED. 20e. PLACE OF INJURY (Hame, form, factory, street, affice bldg., etc.) 20f. (City or town) (County) (State) 21. I certify that I attended the deceased from January 19.59, to March 19.01, that I last saw the deceased alive an March 5, 19.61 and that death accurred at 1:00AM, from the causes and an the date stated abave. ADDRESS (Street, city or town, state) 3/7/61 21. I certify that I attended the deceased from January 19.59, to March 19.00AM, from the causes and an the date stated abave. ADDRESS (Street, city or town, state) 3/7/61 22. PHANE OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) 3/7/61 22. PHANE OF CEMETERY OR CREMATORY Baltimore Maryland 3. PUNEAR OF CEMETERY OR CREMATORY Baltimore Maryland 3. PUNEAR OF CEMETERY OR CREMATORY 24d. REGISTRAR'S SIGNATURE 24d. REGISTRAR'S SIGN	PART 1. DEA 2/20 Canditions, if a gave rise ta i cause (a), stating	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ony, which mediate the under-	Cor	onary Occlus			cular	dise	ase		1 hou	T DEATH
20c. TIME OF INJURY Manth, Day, Year Haughs (Not while of wark Not wark Not while of wark Not			DITIONS CO	ONTRIBUTING TO DEATH	H BUT N	OT RELATED TO	THETERMIN	NAL DISEAS	E CONDITION GIV	EN IN PART	PER	ORMED?
While at wark with p.m. 19 While at wark with p.m. 19 While at wark with p.m. 19 While at wark with wark with p.m. 19 March 19 Ma	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH CAUSE OF DEATH CAUSE (CAUSE)	20b. DESC				injury in P	art I ar Par	t II of item 1B.)			
alive an March 6, 1961 and that death accurred at 1:00AM, from the causes and an the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Millard T. Traband, Jr. M.D. 5101 Gwynn Oak Avenue - 7 - 20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 3/9/1961 New Cathedral Cemetery Baltimore Maryland 1. FUNERAL ORGAN TORRESS 24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	Haugestostages	tarat.	While	Nat while	facta	ry, street, affice	lame, farm, bldg., etc.)	20f. (City	ar tawn)	(C	aunty)	(State)
FUNERAL DISTORY SIGNATURE 246. REGISTRAR'S SIGNATURE	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) ACTUAL CREMATIC	Millard T. T	196.	tobased and, Jr M.	D.	D51 CREMATORY	01 G	Wynn 22d. LOCA	the causes an treet, city ar town, Oak Ave	d on the state) nue	3/7/6	ate)
Ellsworth Armacost-4600 Liberty Hghts. Ave. DATE MAN 3 11	. FUNERAL DIRECTOR	O SCHAPURE SU	mae	O ODDRESS			24a. REC'D	BY REGIST	RAR 24b. REGIS	TRAR'S SIG	NATURE	nd

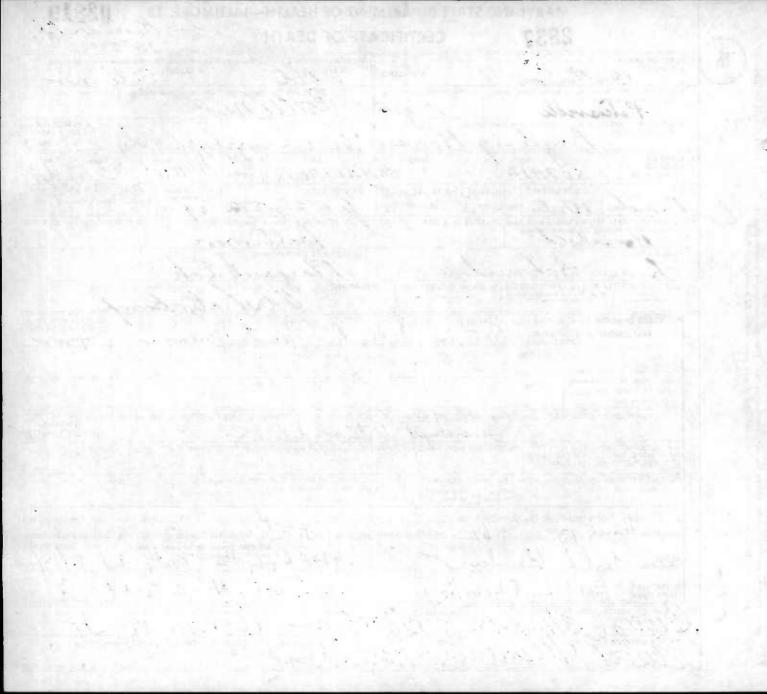


		MARYLAN	D STATE DEPART	MENT OF HEALTH	-BALTIMORE,	18	2819,
		2837	CERTIFIC	ATE OF DEATH	203	Reg. Dist. No	the M
). PL o.	ACE OF DEATH COUNTY	(mass)	MARYLAND	2. USUAL RESIDENCE (Who	e deceased lived. If institu b. COUN		ore admission)
Ь.	CITY OR TOWN (If outsing RURAL and give newest	de corporote limits, write town)	c. LENGTH OF STAY IN 16	112017	phide corporate limits, write	RURAL ond give no	earest town)
d.	NAME OF HOSPITAL (IF	not in hospitol, give stre	-6/	d. STREET ADDRESS	mpfield	RL	e. IS RESIDENCE ON A FARM? YES NO
DI	AME OF ECEASED ype or print)	50 PHIA	Middle 52	HNEIDER.	DEATH /Na	vel 13	y Yeor/
. SE	Emale 7	That's WIDO	ARRIED NEVER MARRIED []	Jan 28,	9. AGE (In year lost birthdoy		R IF UNDER 24 HRS. Hours Min.
Ja.	USUAL OCCUPATION (Gi during most of working lif	e, even if retired)	Ob, KIND OF BUSINESS OR INC	USTRY 11. BIRTHPLACE (Stote of	or foreign country)	12. CITIZEN C	OF WHAT COUNTRY?
3. F/	ATHER'S NAME	Schne	rder	14. MOTHER'S MAIDEN N	ame erch Eck		
(Yes, 1	VAS DECEASED EVER IN L	J. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO.	INFORMANT of A	Mater	Bernh.	
1	PART I. DEATH W.		line for (o), (b), and (c).	Peroti Hen	A Diseas		TERVAL BETWEEN
	Conditions, if ony, w gove rise to immed couse (o), stoting the <u>ur</u> lying couse lost.	hich (b)					
CATION	PART II. OTHER SIG		GEONTRIBUTING TO DEATH B	ortero - Seles	NAL DISEASE CONDITION C	GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO 2
CER	20a. ACCIDENT WAS UNI OR CONTRIBUTING [] CA IF EITHER, NOTIFY MEDIC	ALISE OF DEATH	ESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in P	ort I or Port II of item 18.)		
MEDICAL	Oc. TIME OF INJURY Mo Hour o. m. p. m.	Whi		PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.		(County	r) (Stote)
	21. I certify that alive an hund	attended the dece			M, fram the causes of ADDRESS (Street, city or tow	and an the dat	te stated above
5	ACTUAL SIGNATURE LAND	L. Cham	hen	M.D. 4108 file	ty Hts B	etr-my	3/13/6
1	PHYSICIAN'S NAME (Type)		200. NAME OF COMETERY	4108 Libe	22d OCATION (City, town	It's - my	(CA-4-)
1	REMOVAL (Specify)	3/1,6/6/	IT Ma	Thur	(CHENN	ell s	(Stote)
13. 1	LILL CONSTRUCTION S SIGN	Heller	and Ha	URA DATE	BY REGISTRAR 246. RE	GISTRAR'S SIGNAT	X SLA

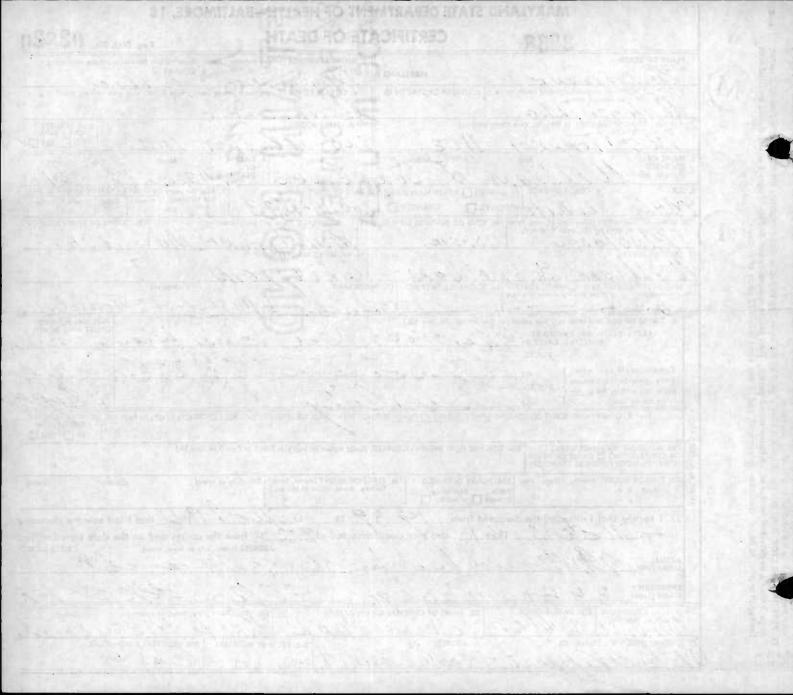
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TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 horse after death. Page 4 may be in and by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death. VS A15 (4) 15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



funeral the dath. by th filled in after paper 72 complet within carbon requires that the death certificate be pue event, physician remove please 2 affending and Then removal, physician. After this certificate has been signed by cremation. the burial-transit attending 0 hospital use as 0 prior Po Health detached be retained by DIRECTOR: plnods FUN director, be filed 0 VR A15 (4)

15M 9/60

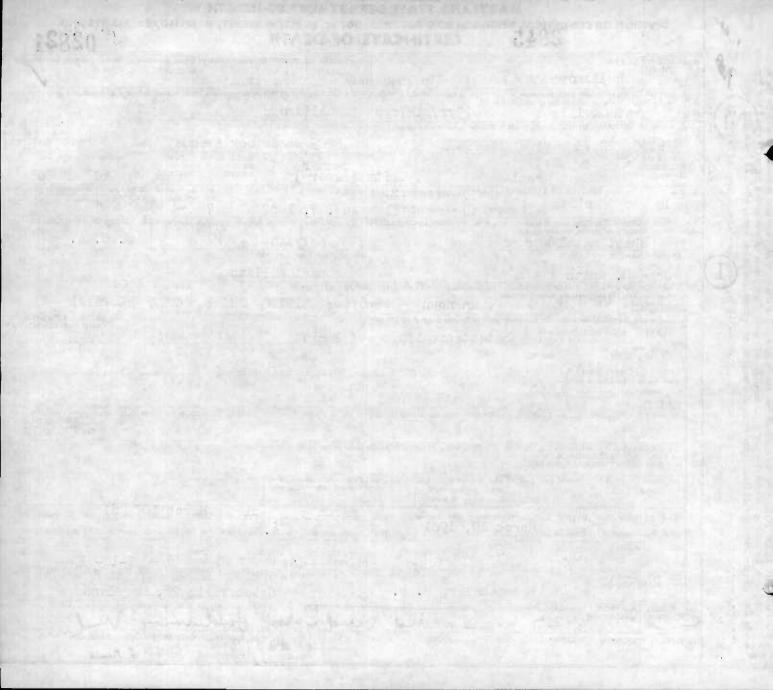
CERTIFICATION

MEDICAL

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) atonsville 29vr7mth7dvs Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? SPRING GROVE STATE HOSPITAL 4205 Woodstock Avenue YES NO 3. NAME OF DATE Middle Yeer DECEASED Senne r OF (Type or print) DEATH Paul Smith March 61 (Sener 10 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) white male WIDOWED DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U. S. A. Mary land sheet metal worker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Susal Killian John D. Smith 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or detes of service) STATE SPRING GROVE HOSPITAL Records: unknown unknown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Metastatic lesion of lungs IMMEDIATE CAUSE (e DUE TO Conditions, if env. which (b) geva rise to Immediate cause DUE TO (a), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO X 20e. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Steta) factory, street, office bldg., atc.) Hour a.m. Not While et work at work p.m. March 21. I certify that (I) (this hospital) attended the deceased from... 1961 March 10 and that death occured at. a...M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING 3-10-61 PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS GROVE STATE HOSPITAL NAME (Type Stella Wachsler, M. D Catonsville 28. Mary land 238. BURIAL CREMATION, | 23b. 23d, LOCALION (City, town or county) REMOVAL) (Specify) 25b. REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR'S SIGNATURE

DATE

arthur & Kraus



	DIVISION O	of STATISTICAL I			301 W. PRESTON		ALTIMORE	1, MARY	AND 1202	
1.	PLACE OF DEAT . COUNTY Baltimore	н		MARYLAND	2. USUAL RESIDER		b. COUNT	v -	Annes	- /
	Fort Howa	(if outside corporate limits d give neerest town) .X.C.		6 Days	c. CITY OR TOWN		te limits, write l	RURAL and give	nearest tow	n)
-		Administrat			d. STREET ADDRESS	Commerce	Street		ON	SIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	JOHN First	М.	Middle	Lost SHAW	4. DATE OF DEATH	Month March	Dey		
	sex Male	6. COLOR OR RACE	7. MARRIED NEVER	R MARRIED	April 4,		GE (In years I	F UNDER 1 YEAR Months Deys	Hours	24 HRS. Min.
de	e. USUAL OCCUPATION one during most of walesman	TION (Give kind of work orking life, even if retired	·	iness or indust				12. CITIZEN	S. A.	OUNTRY
JO 15 (Y		F VER IN U.S. ARMED FORG (Ifyesgive werordelesofse WW T		3.7. 1 C.	Eliza J. INFORMANT Linical Record	Towers	BALT IMO	ORE 18,	Maryl	and
	1B. CAUSE OF	DEATH [Enter only one TH WAS CAUSED BY: IMMEDIATE CAUSE (e)	BRONCHOPN	b), end (c).]	ont nonato-b.	TATOTON		0	NTERVAL BET PINSET AND E RECENT	DEATH
	Conditions, if en geve rise to immed (e), steting the ceuse lest.	y, which (b)_			MA, MARKED ATE-NEPHRECT	OMY FOR (IDNEY	UNKNOW RECEN	
CERTIFICATION	1. Cerel		sis(Clinic	al). Car Sup	of related to the term cinoma. Thyro erior Medias D. (Enter nature of injury in	id with N	Metasta:			UTOPSY RMED? NO •
ICAL CER		MEDICAL EXAMINER)	r 20d. INJURY OCC		ACE OF INJURY (Home, fe		town)	(County)		(State)

MEC

19

at work at work

Centreville, Maryland

saw the deceased alive

22e. SIGNATURE

CRAHAN, M.D.

ATTENDING 22d. ADDRESS STAFF PHYS.

3/16/61

22c. PHYSICIAN'S NAME (Type) THOMAS F

Buria

23c. NAME OF CEMETERY OR CREMATOR

Chesterfield Cemetery

BALTIMORE 18, MD., FT. HOWARD 23d. LOCATION (City, town or county)

(State)

Barton Brothers Funeral Home. Centreville, Md.

23a. BURIAL, CREMATION, 23b. DATE THEREOF

258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE MAR 21 '61

MED. DIRECTOR

Orthur S. Krons

death. 1964 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and VR A15 (4) 15M 9/60

ithin 24 hours after the

The law requires that the death certificate be executed

filled in by

complete

carbon

prior to burial, cremation, or removal, and in any event, within 72 hours after death

Then please remove

detached for use as the burial-transit permit.

Dept. of Health

3 should be

director, page 3 should be filed with the State

And solution of the second of HONATAL MERICH FOUR LIVE SAFING composition of the property of the control of the c OLETTIC OR THE TO. OT HE WOMEN IN THE Amiliar Visit Charles Comment of the Comment of the

	· · · · · · · · · · · · · · · · · · ·	CERTIFICA	TE OF DEATH		O to O to X
PLACE OF DEATH			2, USUAL RESIDENCE (Where d	eceased lived. If institution	n; Residence before admission)
o. COUNTY	Baltimore	MARYLAND	% STATE Maryland	b. COUNTY	Baltinore
b. CITY OR TOWN (outside corporate limits		c. CITY OR TOWN (If outside	corporate limits, write RL	IRAL and give negrest town)
RURAL ond give no	eorest town)		16.0		
	Halethorp AL (If not in hospital, gi		d. STREET ADDRESS		e. IS RESIDENCE
OR INSTITUTION			G. STREET ADDRESS	The same of the sa	ON A FARM?
Ridgewa	ay Nursing	Home	1256 Franci	s Ave	YES NO
IAME OF DECEASED	First	t Middle	Lost 4. C	OATE Mont	h Day Year
(Type or print)	Georg	e Sipple		March March	5 1961
X	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HR
Male	White	WIDOWED DIVORCED	June 28.1874		Months Days Hours Min.
JSUAL OCCUPATION	ON (Give kind of work d	lone 10b. KIND OF BUSINESS OR INDI			12. CITIZEN OF WHAT COUNTRY
	king life, even if retired)		Manuford		U.S.A.
Print	W. L.		Maryland 14. MOTHER'S MAIDEN NAME		U.O.A.
	ge Sipple	crea la company de la la		a Easley	
	(If yes, give war or dates of se		INFORMANT	1256 Fre	incis Ave
No		Mr	s Alice G. Si	pple	
18. CAUSE OF DE	ATH [Enter only one cou	use per line for (o), (b), and (c).]	2 40	1	INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY:	Bucks	al Thron	coses	ONSET AND TRATH
227X	IMMEDIATE CAUSE (o)	a au			1702
227	DUE TO	1	0 0000	vielerox	:00 E14
Conditions, if o		generau	ged unin	occusor	a syes
gove rise to i					
lying couse lost.	(c)				
PART II. OT	HER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL I	DISEASE CONDITION GIV	EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
					YES NO
20a. ACCIDENT W.	AS UNDERLYING CONTROL CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in Port 1	or Port II of item 18.)	
OR CONTRIBUTING	CAUSE OF DEATH				
20c. TIME OF INJUR		ir 20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, farm, 20	Of. (City or town)	(County) (State
Hour o. m.			octory, street, office bldg., etc.)	i. (City of fown)	(County) . (Stote
p. m.	19	ot work ot work		0	
21. I certify the	at (I) (this hospital)) attended the deceased fram	March 1 1961	to March ?	19.6/, that (I) (me) las
	sed alive an Ma		death accurred at 430M,	from the causes an	
220. SIGNATURE	oca anve an zzrz	d d	dedit accorred dry, int,	iron the edoses dil	22b. DATE
11 13	adha X	su dearthu	M.D. PHYS. MED. DIRECTO	OR STAFF	3- ESIGNE
22c. PHYSICIAN'S	carry o	The state of the s	22d. ADDRESS	JK 🔲 - FRIS. 🔲	0 001
NAME (Type)	26 Francis	Avenue Balto. 27.	27	Daugharthy,	M.D.
BURIAL, CREMATIC REMOVAL (Specify	ON, 23b. DATE THEREO	F 23c. NAME OF CEMETERY	OR CREMATORY 23d.	LOCATION (City, town, o	
Burial	3-7-196	Baltimore (Cemetery No	rth Ave	Balto Md
FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS	2So. REC'D BY	REGISTRAR 25b. REGIS	TRAR'S SIGNATURE
	ole & Son	1701-03 Patter	an Dr ama	04	
160 0. 0	TOP & DOIL	TIOT-OF PACTET	son Pk. PMR 8	61 arthur	2. House

TO HOSPIT TRANSING PHYSICIAN: The low requires that the deoth certificate be executed within 24 heart, after death. Page 4 may be refused by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached for use as the burial-tronsit permit. Then pleose remave carbon pagers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death.

VR A1S (4) 1SM 9/59

. STREET OF TRANSPORT OF CASE a resentation strodis Lall offic squade Lell ava sioner andr gloria samel Moie , white .. 3 1 181.81 baus .A.D.U | Dnalvaelf | velant time! Limit and the second second Transfer U. Sipple Francis Ava the state of the s 122] Francis Administration 127, 54 CV, all fell committee beautiful (PS) Pariot New Joseph Paltimore Comptery of Morth Rys Balto Md TEN PRO NE MOSTESSES DE L'OTE MOS 3 MODDE DE DEL

TO HOSPIT

VS A15 (4) 15M 10/57

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
2841	CERTIFICATE	OF	DEATH	

Reg. Dist. No. 02711

1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE Maryland b. COUNTY Balt.	before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Towson	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Rural Towson	re nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Glenarm Road	d. STREET ADDRESS Glenarm Road	e. 15 RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Sister Mary Expedita Frey	Lost 4. DATE Month OF DEATH March	Doy Yeor 6 1961
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White WIDOWED DIVORCED	February 13,1873 8 yrs. Months D	YEAR IF UNDER 24 HRS. oys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher RELIGIOUS	Milford Township, Pa. U.S	en of what country? •A•
13. FATHER'S NAME Michael Frey	Josephine Steingruber	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	NFORMANT Address	
(Yes, no. or unknown) (If yes, give wor or dates of service)	ister M. Peter Fourier Notch Cli	ff, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO Conditions, if ony, which gove rise to immediate cause (o), stoling the under. Lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRE OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	INTERVAL BETWEEN ONSEI AND DEATH ONS. 10 yrs. (o) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter noture of injury in Port I or Part II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (Coctory, street, office bldg., etc.)	unty) (Stote)
ACTUAL AND TOO TOO TOO TOO	accurred at 10.50Å M, from the causes and an the ADDRESS (Street, city or town, state) 7501 York Road Towson 4, Md	date stated above. DATE SIGNED
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) 3 - 8 - 61. VILLA MAI	C- 14	(Stote) WSON, MA
23. EUNERAL DIRECTOR'S SIGNATURE Leharles & Zeiler 9015, CDBRESSKLING	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN DATE MAR 8 '61 Carlea 8 d	

	EAST WOMEN		CERTIFICAT	
The state of the s				
				A STATE OF THE STA
		A XIVE. IN PRESENT		White I are the later to the later
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				to the state of th
	all which the			

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

LANCE STATE DEVARENMENT OF HEALTH - SELTIMORE 6 r 517 5 may be it hed by the haspital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, ar removal, and in any event within 72 pears offer death.

TO FUNERA TO HOSPIT

VS A15 (4) 15M 10/57

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2843

CERTIFICATE OF DEATH

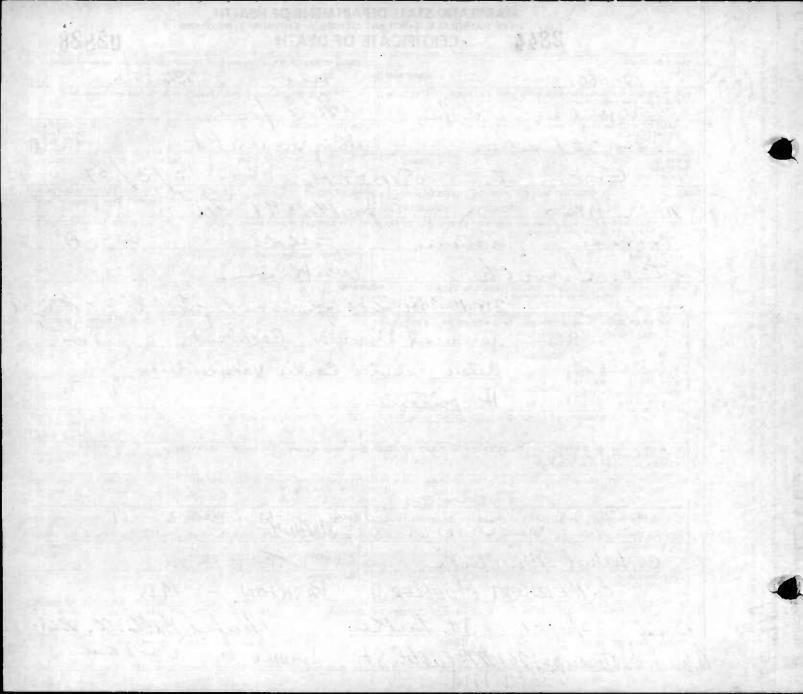
Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Daltimore MARYLAND	o. STATE
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
Turners Station 60 yps	Murners Station
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION AND	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 17-
3. NAME OF First Middle	Last 4. DATE Manth Day Year
OFCEASED (Type or print) /=// zabeth Dynival	Smith DEATH March 29 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Is under 24 HRS. Months Days Haurs Min.
female Colored WIDOWED DIVORCED	10/13/8/ /3 yrs.
10a. USUAL OCCUPATION (Give kind of work dane lob. KIND OF BUSINESS OR INDI- during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
housewife	Urakes branch Virginia U.S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Nathaniel Junival	hucketia-dones
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes. no. or unknown) (If yes, give wor or dates of service)	INFORMANT Address
	mrs. Juth haw= 118 Walnut Ave
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 5 7 0 . 5 DUE TO	inal Obstruction INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which) (b)	
gave rise to immediate Cause (a), stating the under-	
lying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL PISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
3	PERFORMED?
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Port II of item 18.)
Haur o. m. While Not while	PLACE OF INJURY (Hame, form, actory, street, affice bldg., etc.) 20f. (City or tawn) (County) (State)
A	1 24 61
21. I certify that I attended the deceased from.	to, 19, that I last saw the deceased
alive on, and that death	The same states and the same states about
ACTUAL COLL	ADDRESS (Street, city or lown, state) DATE SIGNE
SIGNATURE SIGNATURE	MD. 10 h 11 am 8 k.
PHYSICIAN'S NAME (Type) AS Y Shomas DD	D. Butt 22 3/30/6,
220. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, tawn, ar caunty) (State)
Birs 2/ 4/1/6/ Arbutus V	Memorial lak Arbutus, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
John W. Johnson - 1011-15 N. Arlingto	200 Acc DATOR 6 161 arising S. Kraus

		CHIEJAS	-34530						
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New York									

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certificate



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847	CERTIFICATE OF DE	AT

131011 01	STATISTICAL RESERVANT FILE RECORDS	D. 161
7	CERTIFICATE OF DEA	ATH

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U	R	Ö	N	1

	MUTA								().0	97
1. PLACE OF DEATH a. COUNTY	Baltimore		MARYLAN		ISUAL RESIDENCE (V. STATE Md.	Where deceased	lived. If institution b. COUNTY		e befare admi	
b. CITY OR TOWN RURAL and give	(If outside carporate limits, nearest town) y, Maryland	write c. LEN	GTH OF STAY IN 1	b >	Rela;	f autside carpor		URAL and gi	ive nearest tav	vn)
A NIAME OF HOSE	PITAL (If not in hospital, given 4946 Tulip	street address)	le		4946	Tulip	Avenue	9	ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type ar print)	Willia		Middle C .	Smi	th, Sr.	4. DATE OF DEATH	March		1961	Year
5. SEX male	6. COLOR OR RACE 7 White w	MARRIED X	NEVER MARRIED DIVORCED		TE OF BIRTH c. 12. 1		9. AGE (In years last birthday) 69 yrs.	-	YEAR IF UNI	
during mast of we Westing	TION (Give kind af wark dar asking life, even if retired) Shouse	ne 10b. KIND O	F BUSINESS OR IN			te ar fareign ca	untry)		S. I	
13. FATHER'S NAME				14.	MOTHER'S MAIDEN					17.4
	ler Smith				Kate Mo	Gill			1	7
15. WAS DECEASED FI [Yes, no, or unknown] NO	VER IN U. S. ARMED FORCE (If yes, give war or dates of servi		SECURITY NO. 17	Mrs.		lla Sm		6 Tu	lay 2	
Canditians, if gave rise ta cause (a), statin lying cause las	immediate DUE TO	TIONS CONTRIB	Cester Customers To Death	BUT NOT	jugter t	Clair of MINAL DISEASE	CONDITION GIVE	EN IN PART	94 DE 0	S AUTOPSY
НСАПС									PERF	ORMED?
OR CONTRIBUTION	WAS UNDERLYING [] NG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	DESCRIBE H	OW INJURY OCCU	KKED. (En	ter nature af injury i	n Part I ar Part	II ar item 16.)			
20c. TIME OF INJU Haur a. m p. m	10	20d. INJURY C While No at work at	at while		OF INJURY (Hame, fa street, affice bldg., e		ar tawn)	(0	aunty)	(Stote)
	nat (I) (this haspital) ased alive an	74.		at death	accurred gravi	MED. MED. DIRECTOR	the causes an			
22c. PHYSICIAN'S NAME (Type)		ck Bei	tler, M		22d. ADDRESS	1.000	s Avenu	ne, #	27	***
230. BURIAL, CREMAT BEMOVAL (Special Burial	3/29/61	23c. N	NAME OF CEMETER		MATORY Cemete:		ION (City, town, kridge)			ate)
24. FUNERAL DIRECTO	PR'S SIGNATURE H. Hubbard		DDRESS	A ****		C'D BY REGISTI		STRAR'S SIG		

pfter death. Page 4 the funeral director, TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 harmony be recorded by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the State Board of Health priar ta burial, crematian, or remaval, and in any event, within 72 hours after death. VR A15 (4) 1SM 9/S9

SEAT CHINI CONTROL STATE Ţ., : : i .Dal tole, kenelen 1. . . . aprova willer Sace a to the spanners of the fire William C. salin, sr. Feet 2, 1961 m male ministe della la company de la company , , , , , TIME ACCUSE de la companya de la . Dat , VS teniss No. 5 TOTA OF ALS Mes, lesselle Soon agent Cill By. mederice bet lat, V. E. Dall Derchaut man, ser Eurolal 3/99/51 Headoonedge Come org Ella 20.46; Sandand English to Heart House and Market Will Treatent . H Orangel

FOR STATE HEALTH DEPT.

TO DEPUT "FEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay," pecessary, please executed certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the full director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

10 FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the Stafe Board of Health, or its designated agent, prior to burial, cremation, ar removal, and in any event within 22 hours after death.

VS. A15ME SM 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFIC

AIE OF D	EAIH	Reg.	Dist	8:	31)
				-		ň

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1.	PLACE OF DEATH a. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
-	b. CITY OR TOWN (If outside corporate limits, write RURAL   C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
	and give nearest town.	Baltimore SV01-4
	d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE
-	Dundalk 91(A	2807 Inglewood Ave. YES NO DI
3.	NAME OF DECEASED (Type or print)  A.   Middle  Deanne	Spittel Spittel MAKEL Sold 1961
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	[mt birthday)
(4)	emale white widowed Divorced	Jeb. 8, 1925   36 yrs.
100	or USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI during most of working life, even if retired)	11. BIRTHPLACE (Slote ar Tareign country)
13	lictaphone Iranscriber Hopkins	Maryland USA
1	Henry O. Snittel	Alice M. Wicker
15		IFORMANT Address
L		enry O. Spittel some
	18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]	I I D . TA INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) C/C /V Sho!	JOUNG ( FISTOL) IMM
	Canditions, if only, which) (b) PARIETM	Person
	gave rise to immediate cause	1029100
	(c), stoling the underlying DUE TO	
3		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
CATE		PERFORMED?
CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY IT OF CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED. (EL CAUSE OF DEATH.	Musical Part i or Post to or Post to of item 18.)
MEDICAL	Hour Mile Net while I k 100/0	E OF INJURY (Home, farm, 20f. (Sty or fawn) (County) (State)
WE	1 2-p. m. 2-13 1901 at work at wark	10th 100 Nother 12 12 INO
	21. I certify that I took charge of the remains described/abov	
	opinion death resulted from: Natural couses [], Accident [	, Suicide , Homicide , Undetermined monner
	ACTUAL SIGNATURE MISS DAVIS	_M.D. CHIEF MEDICAL EXAMINER
	EXAMINER'S M. B. Davis	ASSISTANT MEDICAL EXAMINER []
22	NAME (Type) // D. D. DOVS  BURIAL CREMATION, 22b. DATE THEREOF   22c. NAME OF CEMETERY OR I	DEPUTY MEDICAL EXAMINER  CREMATORY  22d. LOCATION (City, lawn, or caunly)  (Stote)
	REMOVAL (Specify)	neteru Baltimore. Md. (Stole)
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	Leonard J. Ruck 5305 Harford Rd.	DATE MAR 17'61 Certing S. Hisus

		MEDICAL EXAMINER'S
	THE PARTY OF THE P	
	A A SPECIAL CONTROL OF THE SE	
V 1		
E at a control	Land Control	
	Deser New	

pfter death. Page 4 TO HOSPIT. OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haves after death. Page 4 may be in used by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 haurs after death.

VR A1S (4) 15M 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND								
2849	CERTIFICA	TE OF DEATH						
Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution. STATE Maryland b. COUNTY						

	4849	CERTIFICA	TE OF DEATH		02024
a. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (WE o. STATE Maryl	nere deceased lived. If institution: and b. COUNTY	Residence before Gallissian) Baltimore
b. CITY OR TOWN RURAL and give	(If outside corporate limits, wr neorest town) Fullerton	ite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	outside corporote limits, write RURA	AL and give nearest town)
d. NAME OF HOSP OR INSTITUTION	Box 17 Joppa		d. STREET ADDRESS BOX	: 17 Joppa Rd.	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	First Emanue	Middle S	tastny	4. DATE Month OF DEATH March	Doy Year h 16, 1961
Male	4149 1 1	MARRIED A NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  NOV. 4, 1890	last birthday) M	UNDER 1 YEAR IF UNDER 24 HI Aonths Days Hours Min
Oo. USUAL OCCUPAT during most of we ACCHINIST	rking life, even if retired)	10b. KIND OF BUSINESS OR INDU Machine Shop	STRY 11. BIRTHPLACE (Stole Czechosl		12. CITIZEN OF WHAT COUNTR
B. FATHER'S NAME	Frank Stastn	у	14. MOTHER'S MAIDEN Ma	rie Unknown	
S. WAS DECEASEDEN (Yes, no. or unknown)	(ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	1 21 5_07_1228 1	s. Rosalie M.		Fullerton, Md 7 Joppa Rd.
gove rise to couse (o), stating lying couse lost  PART II. O	g the under- DUE TO	ONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN	PERFORMED?
20a. ACCIDENT V	VAS UNDERLYING ☐ 20b. G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in	Part I or Port II of item 1B.)	YES NO
20c. TIME OF INJU	. 10 W		ACE OF INJURY (Home, form actory, street, office bldg., etc		(County) (Stor
	at (I) (this hospital) as	tended the deceased fram.	4 . 4	44, ta 711 & 2 , 16 M, fram the causes and	an the date stated abov
220. SIGNATURE	M. Bac	on	M.D. PHYS.	ED. STAFF PHYS.	3/57/GN
22c. PHYSICIAN'S NAME (Type)	A.M. BA	ICON	22d. ADDRESS 2 8 10	Taylor a	ce.
230. BURIAL, CREMATI REMOVAL (Specif Cremation	3-18-1961	23c. NAME OF CEMETERY (		23d. LOCATION (City, town, or o	d. Md.
24. FUNERAL DIRECTO	FISSIGNATURE TEMPERATURE	ADDRESS ADDRESS	PA DATE MA		RAR'S SIGNATURE

Cardie - I adection con dise 174 14 May 16 () 3.6.23 61 1.711 Bacon AM BACON 2 800 Tay Co. C.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) funeral 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY by the and 2 death. Anne Arundel Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Eastport d. NAME OF HOSPITAL OR INSTITUTION (il not in hosp 22 days Veterans Administration Hospital 1017 Madison Street 4. DATE DECEASED (Type or print) DEATH WALTER within 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX 8. DATE OF BIRTH White Male WIDOWED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY dona during most of working life, even if retired Handyman Highway Baltimore, Maryland
14. MOTHER'S MAIDEN NAME Victoria - Unknown William Stein 16. SOCIAL SECURITY NO. 17. INFORMANT Clin. Records 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (If yes give war or dates of service) Yes WW-11 218-05-9694

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c). PART I. DEATH WAS CAUSED BY: LYMPHOSARCOMA IMMEDIATE CAUSE (a) DUF TO gave rise to immediate cause DUE TO (a), stating the underlying 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 factory, street, office bldg., atc.) While Not While at work at work

IS RESIDENCE ON A FARM?

YES NO Y

19 67

IF UNDER 24 HRS.

Hours

ONSET AND DEATH

l vear

PERFORMED? NO Y

(State)

22b. DATE

3/11/61

SIGNED

12. CITIZEN OF WHAT COUNTRY?

11

Deys

U.S.A.

(County)

ier, filled in E irs. Pages 1 a hours after o complete March carbon AGE (In years | IF UNDER 1 YEAR and last birthday) Months physician VA Hospital Baltimore 18, Maryland-FORT HOWARD DIVISION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) for detached should 22a, SIG ATTENDING PHYS. DIRECTOR PHYS. YSICIAN'S 22d. ADDRESS NAME (Type) 3900 Loch Raven Blvd. VAH, Baltimore 18, Md. Fort Howard Div. ector, 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. REMOVAL (Specify) Dig w Baltimore National Cemetery Baltimore Burial 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 6009 Harford Rd. Circhery S. Kraus DATE MAR 1 5 '61 Wm. Cook-Blight Funeral Home Baltimore, Md.

signed certificate After this may be retained DIRECTOR: FUNE

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Business committee engine team in montening \2, C/-C = forms 9063 said to the later of the said Mr. Cook-Blight Inneral home delichmore, Mr.

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

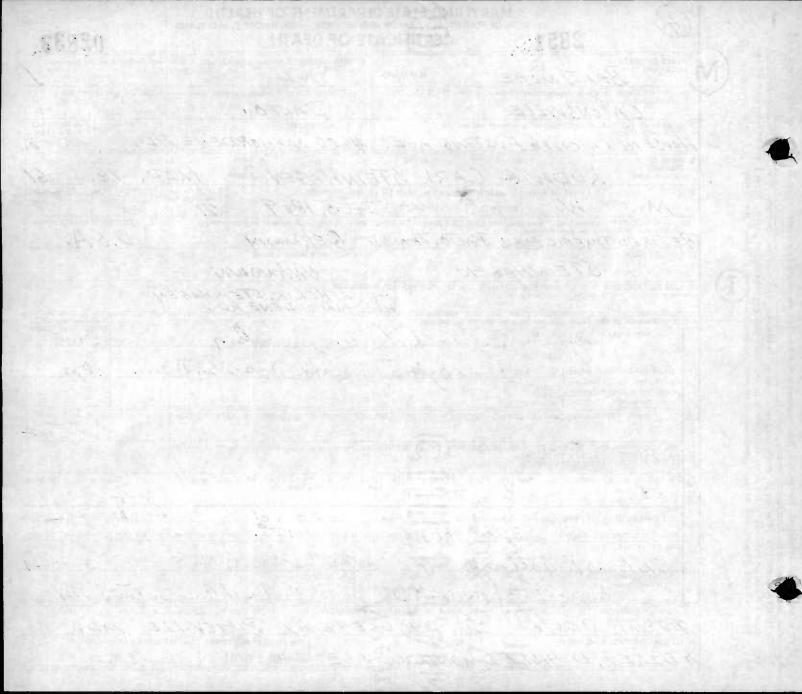
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1	ACOT CEKIII	0,000
	11. PLACE OF DEATH a. COUNTY BALTIMORE MARY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)	Y IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)
-	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION HOUSE IN PINES, 16 FUSTING AUG	d. STREET ADDRESS  6. IS RESIDENCE ON A FARM? YES NO NEW NORDENE PD, YES NO NEW NORDENE PD,
	3. NAME OF DECEASED (Type or print) LUDWIG CARL.	STEINHAGEN 4. DATE Manth Day Year OF DEATH MAR, 16, 1961
	5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   DIVORCEI	CED DEC. 5, 1889 (Ist Dirthday) Manths Days Haurs Min.
1		PANSIT GERMANY U.S.A.
	13. FATHER'S NAME  STEINIHAGEN	14. MOTHER'S MAIDEN NAME  UNKNOWN
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	MRS ETHEL K, STEINHAGEN HEOD MANORDENE RD,
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Canditians, if any, which gave rise to immediate cause (a), stating the under-lying cause last.  (b)  (b)  DUE TO  (c)	Timper Carder-Vancula, Diarese 1031
	CATIC	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES \( \text{NO.} \)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while at wark at work	20e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.) (City or tawn) (Caunty) (State)
	21. I certify that (I) (this haspital) attended the deceased saw the deceased alive an 3-16-1961, and 22a. SIGNATURE.	and that death accurred at the from the causes and an the date stated above.
	22c. PHYSICIAN'S NAME (Type): AS / 3 / 1/	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. STAFF 22d. ADDRESS
ŀ	W1/2000 1. Gallager 19.	EMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)
	BONNAL (Specify) 3/20/61 DRVID R	RIDGE CENTY, PIKESVILLE MD.
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WITTERE F.D. HIBI EDMONDS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  ON A UE, DATMAR 2 0 '61 Orthog & Known
F		

"s, after death. Page 41 the attending physician and campletely filled in sy the funeral director. Then please remove carban papers. Pages 1 and 2 should be filed with TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 th may be in aned by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 on the State Board of Health prior to burial, crematian, or remaval, and in any event within 72 hours after death.

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2852 CERTIFICATE OF DEATH Reg. Dist. No. 12834 il director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where, deceased lived. If institution: Residence befage admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (V autside garporate limits, write RURAL and give nearest town) should be URAL and give nearest townly errepuace d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NO 3. NAME OF 4. DATE Middle Month Year filled DECEASED Poges (Type ar print) DEATH 196 7. MARRIED NEVER MARRIED AGE (In years last-birthday) 5 SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS Months Days Haurs Min DIVORCED [ WIDOWED V papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. FIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? deoth. during most of warking life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (if yes, give wor or dates of service) attending 18. CAUSE OF DEATH [Enter only one couse per line for (a) (b) pond (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO px Canditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying cause last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO Z 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) os the 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Slate) factory, street, office bldg., etc.) Haur o. m. While Not while al wark at wark p. m. 21. I certify that I attended the deceased from @ @ that I last saw the deceased , and that death accurred at _____M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED 3 shou the registror PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 6

24b. REGISTRAR'S SIGNATURE

DATE

Cithur S. Thous

VS A15 (4) 15M 10/57 23. FUNERAL DIRECTOR'S SIGNATURE

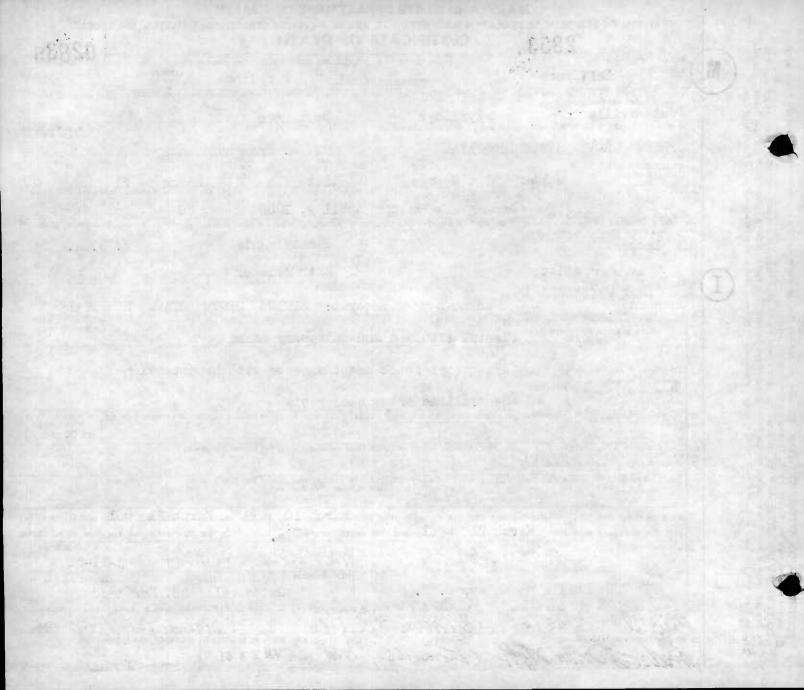
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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1	2853 CERTIFICATE	OF DEATH	112.235
ı	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Res	sidence before admission
4	) a. COUNTY Baltimore MARYLAND	a. STATE Mary land b. COUNTY	
1	b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end s	give neerest town)
1	Catoms ville 2 vrlldys	Baltimore 3V01-4	
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
ı	SPRING GROVE STATE HOSPITAL	925 S. Fremont Avenue	YES NO
1	3. NAME OF First Middle DECEASED	Lest 4. DATE Month	Dey Yeer
1	(Type or print) Walter George	Stitt DEATH March 21	19 61
1		8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YE	
	male white WIDOWED DIVORCED X	April 9, 1880 lest birthday) Months Da	ys Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		EN OF WHAT COUNTRY
	laborer	Pennsylvania U.	S. A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	57.4
V	Sylvester Stitt	Ruth Nofsker	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyesgive were released sarvice)	INFORMANT Address	
1		cords: SPRING GROVE STATE HOS	SPITAL
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]		ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Pleural effusion a	nd pulmonary edema	ONSET AND DEATH
	420.0 DUE TO		
		heart disease with hypertension	
	geve rise to immediate cause		
	(a), stating the underlying cause lest. (c) Generalized erter	iosclerosis	
			(e) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20e. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		YES IN NO
	200. ACCIDENT WAS UNDERLYING   200. DESCRIBE HOW INJURY OCCURED	D. (Enter neture of injury in Pert I or Part II of item 18.)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	3 20c. TIME OF INJURY Month, Dey, Yeer   20d. INJURY OCCURRED   20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (Count	y) (Stete)
	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PL/ Hour e.m. 29 While Not While at work at work at work	story, straet, office bldg., etc.)	
	21. I certify that (I) (this hospital) attended the deceased from.	March 10, 1959, to March 21, 1961	L. that (I) (we) las
١,	saw the deceased alive on March 21 19 .61, and that		
ı	22e. SIGNATURE		22b. DATE
	Sulla, washille	A.D. PHYS. DIRECTOR PHYS. 3-	-21-61 SIGNER
	22c. PHYSICIAN'S	22d. ADDRESS SPRING GROVE STATE	HOSPITAL
	NAME (Type) Stella Wachsler, M. D.	Catonsville 28, Maryla	and
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(Stata)
	SMM 3/25/61 Blairsvil	le (Im. Sarroully	16.
	24 FUNE DE DIRECTOR'S PIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIG	GNATURE
	Fifther A Mus Mall Catonsville	, Mel DATE MAR 2 3 '61 Circles 8.7	4
	17		PARAMETER .



TO HOSPI

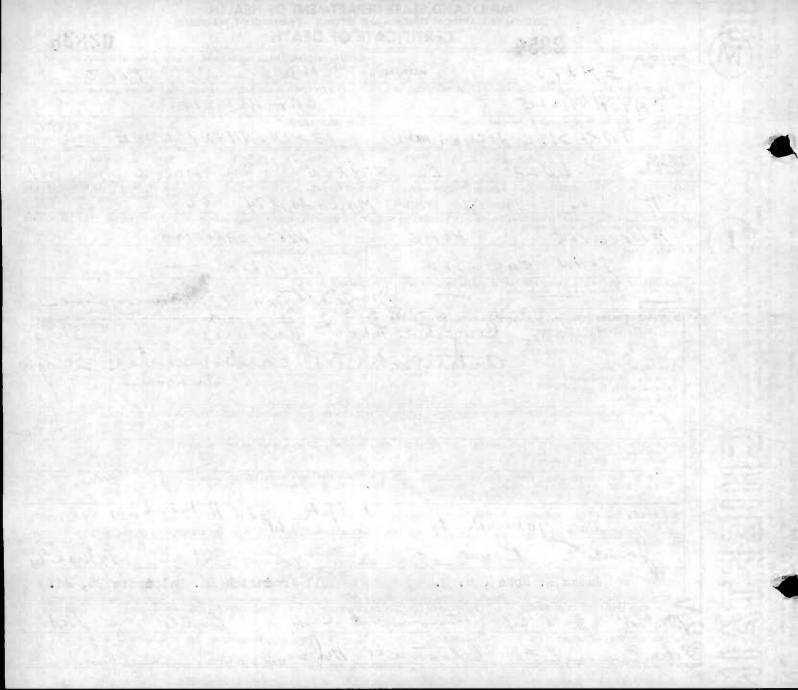
VR A1S (4) 1SM 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

-0-1		285	7	CERTI	FICA	IE OF D	EATH				112	831	<u> </u>
1. <b>PLAC</b> g. CC	CE OF DEATH	ALTO		MAR	YLAND	2. USUAL RESID	DENCE (Who	ere deceased	lived. If inst b. COU		ence befor	re admissi	an)
b. CI RU	IRAL and give ne	f autside carporate limi arest tawn) NSV/LLC	ts, write	c. LENGTH OF STA	Y IN 1b			utside carpora		ite RURAL and	d give nec	arest tawn	)
d. N	AME OF HOSPITA	AL (If not in hospital, g		ddress) 25/NG HEA	16	d. STREET A	/	UNHE	ERY	LANA	E		DENCE FARM? NO
	ASED ar print)	LUL.		Middl E.	57	TYRON	1	4. DATE OF DEATH		Month RCH	Do		96/
S. SEX	F	6. COLOR OR RACE	7. MARRIE	DIVORC		MARCH.	20,18	74 9	AGE (In ye			IF UNDE Haurs	R 24 HRS. Min,
10a. USI dur	ing mast of work	ON (Give kind of wark ing life, even if retired	dane 10b. K	HOME		TRY 11. BIRTHPL	/	ar fareign cau			ITIZEN OF	WHATC	DUNTRY?
13. FATH	HER'S NAME	TOHN E	AST	weod		14. MOTHER'S	MAIDEN N			_			
		R IN U. S. ARMED FOR If yes, give war or dates of s		OCIAL SECURITY N	0. 17 IN	FORMANT SUPPLY	ltyro	n- 1.	32h	Address	es of	and	
18.		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	(1)	for (a), (b), and (c	L	ent	La	ilm	_	C	INTI	ERVAL BE	TWEEN DEATH
	422./		a	terio	sela	rotic		ande	ovar	inla	1	20	yes
ca	ove rise to in use (a), stating t ng cause last.	mmediate (							dese	ose_	-		0
CERTIFICATION 300 S S S S S S S S S S S S S S S S S S	PART II. OTH	ier significant con	DITIONS <u>CC</u>	INTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMII	NAL DISEASE	CONDITION	GIVEN IN PA	ART 1(a) 1	PERFO	NO [7]
	CONTRIBUTING	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY	OCCURRED	). (Enter nature a	f injury in P	art I ar Part	II af item 18.	)			
WEDICAL 20c.	TIME OF INJURY Haur a. m. p. m.	Y Manth, Day, Yes	20d. INJ While at wark	Nat while of wark	20e. PLA fac	CE OF INJURY (I	Hame, farm, bldg., etc.	20f. (City o	ar tawn)		(Caunty)		(State)
	I certify tho	t (I) (this hospito)	ottende	1		eath occurred	19 d of 61	57, .ta_1	he causes				we) lost
the state of the s	. SIGNATURE	us E.	Ron	e		ATTENDINE	G ME		STAFF PHYS.		14		DATE SIGNED
22c	PINTSICIAN'S NAME (Type)	James E. F	lowe ,	M. D.		22d. ADDR!	S Fred	erick	Rd. B	alt <b>i</b> mo	re 28	B, Md	
PER	RIAL, CREMATION	3-15-0	F /	23c. NAME OF CE		CREMATORY	m.	23d. LOCATI	ON (City, to	wn, ar caunty	)	State	1.
24. FUN	ERAL DIRECTOR'S	S SIGNATURE		ADDRESS	/	2 1	250. REC'E	BY REGISTR	AR 2Sb. R	REGISTRAR'S	SIGNATU	RE	

DATEMAR



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral* 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, If institution: Reside a. COUNTY b. COUNTY a. STATE Baltimore Maryland the day MARYLAND death. by th b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town Catonsville 28 ars. Pages 1 1 month .⊆ Machania TaPlata Pe d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Spring Grove State Hospital Box 301 papers. completer 3. NAME OF Middla Last 4. DATE 72 Month DECEASED OF H (Typa or print) Joshua DEATH SWANN March within carbon 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR pue last birthday) Male White March event, WIDOWED DIVORCED physician remove 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) dona during most of working life, avan if ratirad) Retired Farmer 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME .0 law requires that the death affending and Unknown Mary Mattingly 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Then Address (Yas, Mo Jor unkown) | (If yas give war or datas of sarvice) remova Records: Spring Grove State Hospital physician. permit. 18. CAUSE OF DEATH [Enter only ona causa per lina for (a), (b), signed by 0 PART I. DEATH WAS CAUSED BY: Cerebrovascular accident IMMEDIATE CAUSE (a) cremation, burial-transit DUE TO Cerebral and Generalized arteriosclerosis affending peen : Conditions, if any which gava risa to immediata causa The DUE TO (a), stating the underlying certificate has burial, causa last. the 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY TION hospital as 0 use prior CERTIFICA 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of itam 18.) for OR CONTRIBUTING [] CAUSE OF DEATH the DIRECTOR: After this should be detached for Health (IF EITHER, NOTIFY MEDICAL EXAMINER) retained by 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Homa, farm, 20f. (City or town) factory, street, office bldg., etc.) Whila Not While o at work at work p.m 2/6/61 21. I certify that (I) (this hospital) attended the deceased from... ....., clg...., to.......3/4/6], 19....., that (I) (we) last .......19......., and that death occured at3....P.M, from the causes and on the date stated above. saw the deceased alive on. may 22a. SIGNATURE ATTENDING MED PHYS. DIRECTOR PHYS. M.D. MI page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) FUNE director, CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF REMOVAL (Specify) TO 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE ON A FARM?

YES NO

Year

19 61

Hours

INTERVAL BETWEEN

ONSET AND DEATH

years

X NO

YES

(County)

arthur S. House

DATMAR 1 0 '6'

dav

PERFORMED?

(State)

22b. DATE

(Stafa)

SIGNED

12. CITIZEN OF WHAT COUNTRY?

IF UNDER 24 HRS.

Min.

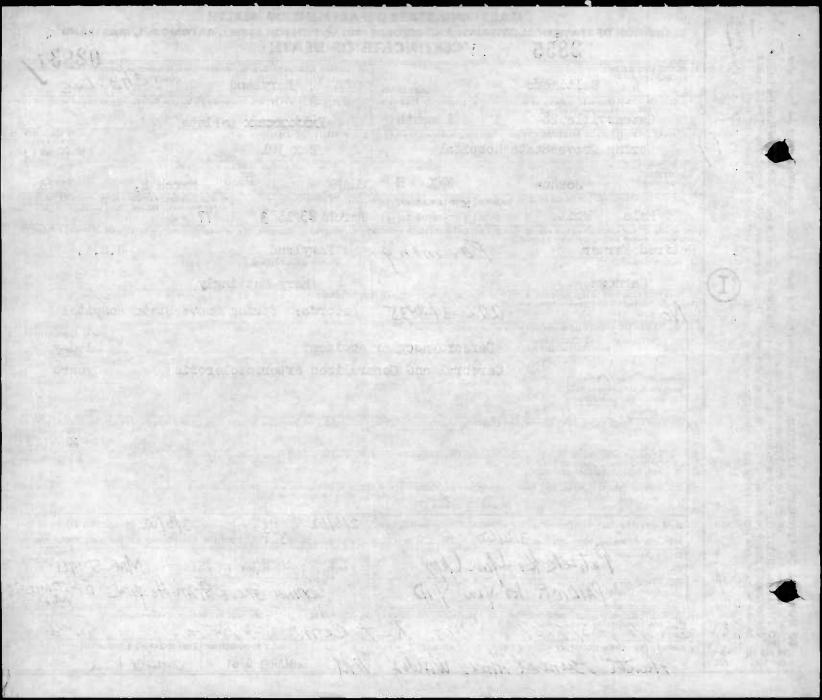
Day

Days

U.S.A.

Months

15M 9/60



the funeral directar, and 2 should be filed with TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 homey be in and by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 are the State Baard at Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after death.

ofter death. Page 4

Ttem 23 d. film G	IFICA	TE OF DEATH	*			00008
1. PLACE OF DEATH o. COUNTY  Baltimore	ARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryl	h	If institution	Balt:	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Owings Mills	TAY IN 16	c. CITY OR TOWN (If or Owings M:		ts, write RU	RAL and give r	searest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 15 Byway Road		d. STREET ADDRESS 15 Byway	Road		The second	e. IS RESIDENCE ON A FARM? YES NO.
3. NAME OF DECEASED (Type or print) Elizabeth Long Talber	ddle t	Lost	4. DATE OF DEATH	3-1		Day Year 1961
5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MA    Female   White   WIDOWED   DIVOR	RCED	8. DATE OF BIRTH 10-21-1884	9. AGE lost	pirthdoy)	Months Days	AR IF UNDER 24 HRS  Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Home  13. FATHER'S NAME	S OR INDUS	STRY 11. BIRTHPLACE (Stote of Maryla) 14. MOTHER'S MAIDEN N	nd			A .
John Long  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY	NO 117 8	Minnie	Rannade			27. 2.2
(Yes, no, or unknown)		obert L. Ta:	lbert 15		"Owing ay Rd.	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) Chronic Neph					01	NTERVAL BETWEEN NSET AND DEATH 2 yrs.
Canditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.  Arterioscler  (b)  DUE TO	rotic	C-V Disease				5 yrs.
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE COND	ITION GIVE	N IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO  200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMORE)  200. TIME OF INJURY Month, Doy, Year Hour o. m. none 19 While Not while not work of work of work of work	20e. PL/	D. (Enter nature of injury in P ACE OF INJURY (Home, form, story, street, office bldg., etc.	, 20f. (City or town		(Count	y) (Stote
21. I certify that (I) (this shows that attended the decease saw the deceased alive an 3-16-61 19, a	sed from and that d	12-26-39 19 leath occurred at 10:	30,440m the co		, 19, I an the da	that (1) (xxx) las
220. SIGNATURE 2. D. Caplus			D. STAF	F .		22b. DATE SIGNED 3-18-61
22c. PHYSICIAN'S NAME (Type)  D. D. Caples, M. D.		22d. ADDRESS 6 Hanover	Rd., Reis	terst	own, Md	•
236. 8URIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF C REMOVAL (Specify) 3-20-61 Grace		R CREMATORY	23d. LOCATION (C			(Stote)

Grace Methodist

ooks Funeral Service Towson 4, Md.

250. REC'D BY REGISTRAR 25b

25b. REGISTRAR'S SIGNATURE

arihun S. Huma

VR A15 (4) 15M 9/59

burial 3-20-61
24. FUNERAL DIRECTOR'S SIGNATURE

THE THE WORLD SHEET SHEET TO SHEET 10-8491 0-11-5 The section of the second of the section of the sec To I to a second to the second . L. M. France Land Company of the C MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

carbon hours 72 þ burial-transit OR: DIRECT ploods 3 0

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filed

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funeral

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within 24

filled in by the funeral Pages 1 and 2 should within 24 hours after

TO HOST IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou death, it go 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete. After this director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed VR A15 (4)

15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	113	2828		CERTIFICA	TE C	OF DEATH				02.840
1.	PLACE OF DEATH				2	USUAL RESIDE	NCE (Where de			idence before admission)
		THORE		MARYLA	ND	o. STATE MD		b. COU	BAL	. 07.
	b. CITY OR TOWN (if write RURAL and	outside corporete lim give neerest town)	its,	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN	(If outside corp	orete limits, wri	ite RURAL and g	rive nearest town)
_	BALT	10.12					50.12		11 - 17 19	
		_	if not In ho	spitel, give street eddress)		d. STREET ADDRES		9	2000	e. IS RESIDENCE ON A FARM?
	524	C. 10100	12	IVE		1 52	4 CAS		DRIVE	YES NO
3.	NAME OF DECEASED	First		Middle		Last	4. DATE OF	Mon		Dey Yeer
-	(Type or print)	HLICE		٧.	1	ATUM	DEATH	MAR	-	30 1961
3.	SEX	S. COLOR OR RACE		ED NEVER MARRIED	3. D	ATE OF BIRTH	201	last birthdey)	Months De	
10	a. USUAL OCCUPATION	W	WIDOWI		]  -	1RIL 21, 18	2,11	89 yrs.	110 617176	N OF WHAT COUNTY
do	one during most of wor	king life, even if retire	(d)	CIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Co	unty & State, or	foreigh country		N OF WHAT COUNTRY?
13	HOUSEW.	IFE	1		1.14	MOTHER'S MAIDE	70		1 0.	5.A.
1.0	TA.	- 11			"	11.	1	0.55		
15	. WAS DECEASED EVE	RIN ILS ARMED FOR	OCHE LIA	SOCIAL SECURITY NO.1	17 TAIF	ORMANT	NAC	AIFF		
	es, no, or unkown)   (If			—	A .	· DOROTH	1 - 4	ERRLIC		1 Pare
-	NO 1 18. CAUSE OF DI	EATH (Enter only one	ceuse per	line for (e), (b), end (c).]	1 112	· DOKOLH.	1, 111	EKKLIC	N	INTERVAL BETWEEN
	PART I. DEATH	WAS CAUSED BY:		-	101	OMALA	10,4			ONSET AND DEATH
	237 X	MMEDIATE CAUSE (e)		LNCEIT	1 17 4	-0 1/17 1/17	16/1/			~ 72.
	Conditions, if eny,	which ) (b)	G	ENERALIZ	ZED	ADTE	21050	FONE	10	10 11
-	geve rise to immedie	ete ceuse		-10 213 17 11	- Inc. Ind.	112121	1000	6600	(4)	10 90
	(e), steting the un	derlying (c)								
Z	PART II. OTHER	1-7	TIONS COI	NTRIBUTING TO DEATH B	UT NOT R	ELATED TO THE TERM	AINAL DISEASE	CONDITION GI	IVEN IN PART 1	
CERTIFICATION										YES NO
I SE	200. ACCIDENT WA	S UNDERLYING	20b. DES	SCRIBE HOW INJURY OC	CURED. (E	nter neture of injury l	n Pert I or Pert II	of item 18.)		
S. S.	OR CONTRIBUTING	MEDICAL EXAMINER)								
SE	20c. TIME OF INJUR	RY Month, Dey, Ye				OF INJURY (Home, fa		or town)	(Count)	(Stete)
MEDICAL	Hour a.m.	19	Whilet wo		ractory,	street, office bldg., e	(C.)			
		nat (I) (this hospi	tal) atten	ded the deceased t	rom	YUNE ,	19.5.C. to.	MA	R 39 196	, that (I) (we) last
	saw the decease	ed alive on	MI	1 R 2/19 61 and	that de	eath occured at.	O.A.M. from	the causes	and on the	a date stated above
	22e. SIGNATURE	. /	0 -		100	ATTENDING ,	MED.	STAFF		22b. DATE SIGNED
	1/2	ederick	416	Mallmer	M.D.	PHYS.	DIRECTOR [	PHYS.		mar 3161
	22c. PHYSICIAN'S NAME (Type)	FREDER	CICU	1. VOLLME	R	22d. ADDRESS	YORK	RD,	BALT	012 MD.
23	e. BURIAL, CREMATIC	DN, 23b. DATE THE	REOF	23c. NAME OF CEME	TERY OR	CREMATORY	23d. LOCA	ATION (City, I	own or county)	(Siete)
	BURIAL	14-3-6		NEW CAT	MED	RAL	BALT	70.		MO.
24	FUNERAL DIRECTOR	1 -	7 1	ADDRESS	7	25e. R	APR 3 '6	4	EGISTRAR'S SIG	
114	.W. JENKIN	15 & JONS	6.49	105 YORK 1	OAO	DATE	- 17 0		Irthung S.	Kraus

1 La DISTURACIÓ William Branch Branch ALTERNATION FOR SVERAL TENTHOLOGY FOR ANY SERVICE Million Constitution with the get the constitution of the get the Come was for A los for the state of the A

CERTIFICATE OF DEATH USUAL REPIDENCE (Where decaesed lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY the to death, Baltimore MARYLAND by the b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville Balt imore E - 5 filled ir Pages urs afte d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS House In Pines. 16 Fusting Ave. 5105 Edmondson papers. 3. NAME OF Middla 4. DATE Month 72 complet DECEASED (Typa or print) John Tatum DEATH March within carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | and last birthdey) Male WIDOWED DIVORCED Sept. 17,1866 94 yrs. physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foraign country) remove done during most of working life, even if ratired) Balto. Md. 13. FATHER'S NAME MOTHER'S MAIDEN NAME please affending unknown Tatum unknown ' 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Then (Yes, no, or unkown) | (If yes giva war or dates of sarvice Chauncey R. Tatum, 5105 Edmondson Ave 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).] P. PART I. DEATH WAS CAUSED BY Myocardial Insufficiency signed IMMEDIATE CAUSE (a) burial-transit DUE TO Arteriosclerotic cardio vascular disease peen Conditions, if eny, which gave rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 0 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.) 20a, ACCIDENT WAS UNDERLYING TI OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year factory, street, office bldg., etc.) Not While Hour e.m. et work at work 21. I certify that (I) (this hospital) attended the deceased from January 11. ...., 1943, to March 28...., 1961, that (I) (we) last saw the deceased alive on March 28, 1961 ..., and that death occured 2:250. Mom the causes and on the date stated above. ATTENDING 22e StGNATU STAFF DIRECTOR PHYS. FUNERAL FUNERAL ector, page 3 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 4116 Edmondson Avenue George A. Knipp. rector, p 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 다. Loudon Park 0 Baltimore 29 Md.
256. REC'D BY REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS arthur S. France F.D. 4101 Edmondson Ave DATE MAR 3 0 '61

DIVISION OF STATISTICAL RESEARCH

MARYLAND STATE DEPARTMENT OF HEALTH

W. PRESTON STREET, BALTIMORE 1. MARYLAND

. IS RESIDENCE ON A FARM?

YES NO TO

IF UNDER 24 HRS.

Hours

ONSET AND DEATH

PERFORMED?

NO P

(State)

SIGNED

Mar. 29. 1961

(Stete)

12. CITIZEN OF WHAT COUNTRY?

Months

USA

(County)

physic hospital or and certificate has as the k

After may be retaine DIRECTOR:

> VR A15 (4) 15M 9/60

*,

Bitimore

Osteneville

House In Pines, 16 runting Ave. 5105 Edmonaton Ave

John J. Tatur

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anemi line

Salto. G.

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mw v.e.l

Charmesy . Intum. 5105 Machagom Ave

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USA

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witche P. n. 41 01 Edmondson Ave

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.D., us oremitie

THE RESIDENCE OF THE PARTY OF T

# FOR STATE of tests

y is necessary, and director. Page TO DEPLY REDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any by is necessary please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the furnal director, Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of HEBIN or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND . MEDICAL FYAMINED'S CEPTIEICATE OF DEATH

	2850	AT EXAMINER 5	OEK III ICA	IL OI DEATH	112049
1. PLACE OF DEAT	Н			CE (Where decaased lived, If in	
0. 000111	Baltimore	MARYLAND	a. STATE	b. COUNT	
b. CITY OR TOWN	(if outside corporate limits,	c. LENGTH OF STAY IN 1b	Mary	If outside corporate limits a "	Baltimore
	d give neerest town)	C. LENGTH OF STAT IN ID	X	If outside corporete limits, write	KUKAL end give neerest fown}
Unnerco	(Rural)2	50 3776	Upperco	(Rural)	
d. NAME OF HOSP	ITAL OR INSTITUTION (if not	in hospitel, give street eddress)	d. STREET ADDRESS		e. IS RESIDE
			1		ON A FAI
NAME OF	First	Middle	last	4. DATE Month	
DECEASED			544	OF	Dey Yeer
(Type or print)	CHARLES		AWNEY	DEATH Mar.	13 19 61
S. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In years	F UNDER 1 YEAR   1F UNDER 24 H
Wala			Van 25 100		Months Days Hours Mi
Male	HILLES	1Db. KIND OF BUSINESS OR INDUSTR	Mar. 25, 188		1 12. CITIZEN OF WHAT COUN
done during most of w	orking life, even if retired)			or loreigh country)	
Retired		Farmer	Maryland		U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Andrew T	awney		Agnes Tayl	or	
	VER IN U.S. ARMED FORCES?		NFORMANT	Address	
	(If yes give we rorde tas of service			wney, Upperco,	Md
no			nalles 1. 18	wife, oppered,	
		e per line for (a), (b), and (c).)			ONSET AND DEATH
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Angina Pectoris			2 yrs.
421	2, 2 DUE TO				
100					
Conditions, if en	(~)				
(e), stating the	OT SILO				
cause last.	) (c)				
PART II. OTHE	R SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	
Ĕ	none	- 10 - 12 - 1 (A)			PERFORMED YES NO 2
PART II. OTHE		DESCRIBE HOW INJURY OCCURED. (E	nlar palura of injuny in Da-	t 1 or Part II of Itam 19 1	YES NO
PRIMARY Or Co	ONTRIBUTING T	DESCRIBE HOW INJUST OCCURED. (E	nier neiture of injury in Par	TI OF FAIT II OF ITAM IB.)	
	none	none			
20c. TIME OF INJ Hour a.m.	URY Month, Day, Year	2Dd. INJURY OCCURRED   20e. PLA			(County) (State
Hour a.m.	none 19	While Not While none factor	ory, street, office bldg., etc	none	
	17 1		Id on Autonou I	lacastic TV	T9 1:
	parties for all all the states and the	e remains described above, he		Inspection XX, Inquiry	
death resulted	from: Natural causes	X, Accident , Suici	de, Homicide	Undetermined ma	nner
		,	CHIEF MEDICAL	EXAMINER	
ACTUAL	Y. D. Carl	is	ASSISTANT MED	ICAL EXAMINER	DATE SIGNED
SIGNATURE	2.2. Cape		M.D. DEPUTY MEDICA		3-14-61
EXAMINER'S NAME (Type)	D. D. Caples	. м. р. 6 н	anover. Rd.	The state of the s	Md.
2a. BURIAL, CREMATI		22c. NAME OF CEMETERY OR			
REMOVAL (Spacify		ZZE. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town,	or country) (State)
Burial	3-16-61	Trenton	Mind Co.	Balto. Co.	Md.
23. FUNERAL DIRECTO		ADDRESS		'D BY REGISTRAR   246. REGIS	
Edward C. 1	Tipton, Hampst	ead, Md.	DATEMA	R 2 0 '61 au	hun S. Frank
JONALO OF 1	Theon, mampho	cua, mar	DATEMA	RZUOI	72.

and the second s James (aura) T(Taylot) Mothed Mar. 25, 3186 THE REST OF THE PARTY OF THE REST White I we that THE CONTRACT CONTRACT OF THE PROPERTY OF THE P Effect of the watcher, be the dament been districted to the CALL CARE COST CONTRACTOR done d. Masen, Hernitess, id.

OREMIS

ADDRESS

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23. FUNERAL DIRECTOR'S SIGNATURE

Cemeter

24b. REGISTRAR'S SIGNATURE

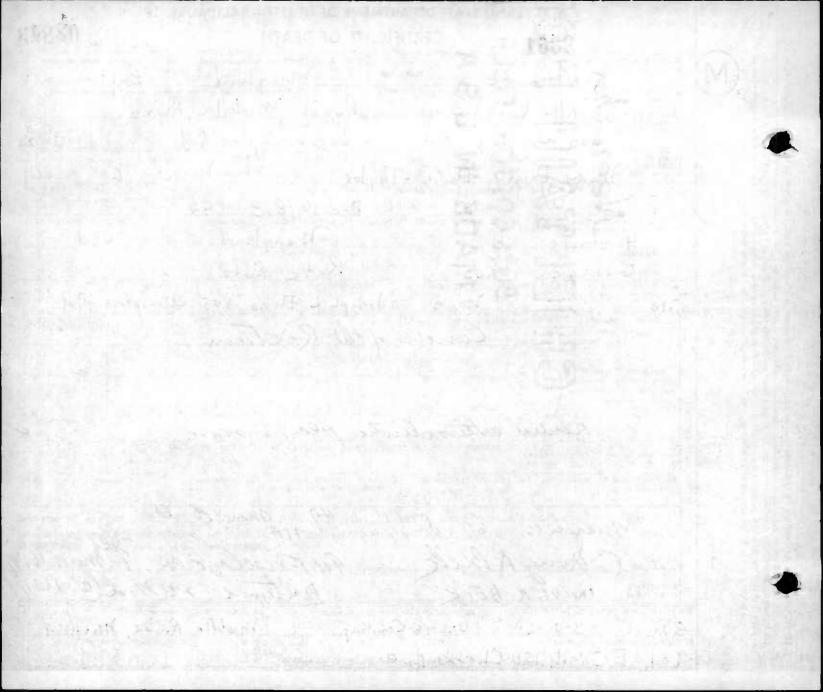
arthur S. Trans

24a. REC'D BY REGISTRAR

MAR 21

TO FUNERAL

VS A15 (4) 15M 9/58



3 should David H.Andrew.M.D. Baltimore 22, Maryland NAME (Type) TO FUNER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) uria Woodlawn Baltimore.Marvland Cemetery 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR Brooks Bradley, Inc., Dundalk 22, Md

e. IS RESIDENCE ON A FARM?

2nd. 19 61

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO TO

> > (State)

(Stote)

YES NO TO

Year

Reg. Dist. No

Baltimore

Day

USA

(County)

24b. REGISTRAR'S SIGNATURE

Months

15M 9/SS

APOST		SERVING S	STEEL STATE OF THE
			Dubyer Con-
		1,100	
			A VICTOR OF THE PARTY OF THE PA
			Marie Carlotte Control
Committee of Sun			
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to an I the second the state of the spirit themselves			
the production of the producti			
	file on		
			Secretaria Cara
HAT CENTRAL AND AND AN ACUAN	L REEL	January AV	ANTHOUS TO STORE THE A

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS 2863 CEDTIEICATE OF DEATH

Items 23c & d. Fi	m G204 4710/67 jwk	010020
1. PLACE OF DEATH 2. COUNTY Baltimore County MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residue. STATE b. COUNTY b.	ence before admission) . Alor als
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)  Mt. Wilson, Maryland  5 Mo	c. CITY OR JOWN (If outside corporate limits, write RURAL and	1627-2
d. NAME OF HOSPITAL (If not in hospital, give street address) Mt. Wilson State Hospital	420 57- Avenue	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) EVERETT WILLIAM	M TOME NSON DEATH 3	28 1961
S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  WIDOWED DIVORCED	8. DATE OF BIRTH 8. 21. 1908 9. AGE (In years last birthday) 52/ yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Manyland (2.00)	I S A
BERNARD TOMLINSON	14. MOTHER'S MAIDEN NAME VIR GIINIA SMIT	14
	spital Records, Mt. Wilson State	Hospital
1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	thrombosis	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which (b)		
gove rise to immediate cause (a), stating the under- lying cause last.  DUE TO  (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	losis 002X	PERFORMED?  YES NO
OR CONTRIBUTING COUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Port I or Part II of item 18.)	
	PLACE OF INJURY (Home, farm, 20f. (City or town) foctory, street, office bldg., etc.)	(Caunty) (State)

21. 1 certify that (I) (this haspital) attended the deceased fram. and that death accurred at saw the deceased alive an 22a. SIGNATURE

19_61, that (1) (we) last of from the causes and an the date stated above. MED. STAFF PHYS.

ATTENDING PHYS. M.D.

22d. ADDRESS Mt. Wilson State

Wilson, Hospital,

23a BURIAL, CREMATION, 23b. DATE THEREOF

Wn. Newcomer, M.D., Superintendent

23c. NAME OF CEMETERY OR CREMATORY St.Pe Cemetery ters

23d. LOCATION (City, town, or county) Baltimore, Md.

(Stote)

22b. DATE SIGNED 1961.

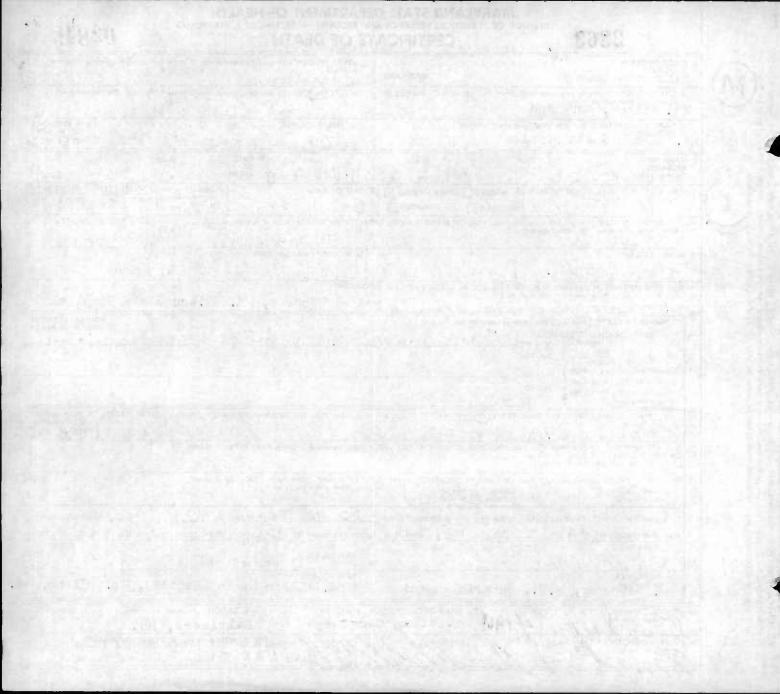
11284K

**ADDRESS** 

256. REGISTRAR'S SIGNATURE arthur S. Frank

VR A1S (4) 1SM 9/59

TO HOSPIT may be re



VS A15 (4) 15M 9/5B

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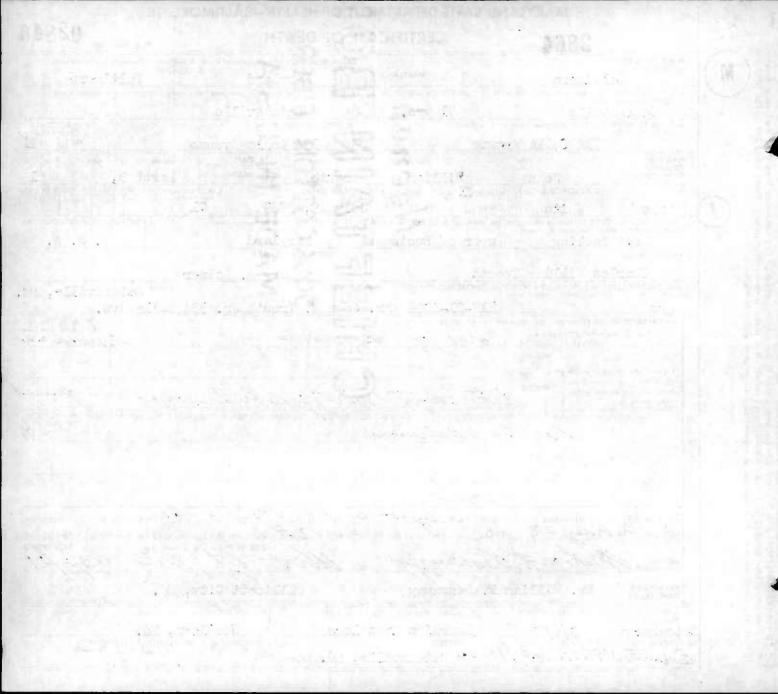
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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2864 CERTIFICATE OF DEATH

eg. Dist. No. 02846

_													
1.	PLACE OF DEATH a. COUNTY Ba	ltimore		MARYLA		o. STATE	ence (whe		lived. If institut b. COUNTY		nce befo		ssion)
		f outside corporate limi earest town)	ts, write	c. LENGTH OF STAY IN	1 1Ь		OWN (If ou		ote limits, write f	RURAL ond	give ne	arest tow	n)
		AL (If not in haspital, g		address)		d. STREET A	DDRESS		LES C			ON	SIDENCE A FARM?
=		334 Oella						la Av					
3.	NAME OF DECEASED (Type or print)	John John	st	William		lost Treuth		4. DATE OF DEATH	Ma Ma	rch 3	3,	зу	Year 19 61
5.	Male	6. COLOR OR RACE White	7. MARR	NEVER MARRIED  DIVORCED	_	ate of Birth			9. AGE (In years lost birthdoy) 71 yrs.	Months Months	R 1 YEAR Doys	Hours	Min.
100	. USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR						12. CI	TIZENO	FWHAT	COUNTRY?
	Meat	king life, even if retired Packing		ner of Busin		1	Maryla				U.	S.	Α
13.	FATHER'S NAME				1	4. MOTHER'S	MAIDEN N	AME					
	Charl	es William	Treu	th			Mary	7 A. K					
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO.	INFO	RMANT			Ado	iress Cat	tons	vill	e, Md.
	No			17-01-4006	Mr.	John W	Tre	th Jr		lla /			
	1B. CAUSE OF DEA	ATH [Enter only one co	use per lin	ne for (o), (b), and (c).]	10	2	/				INT	ERVAL B	ETWEEN D DEATH
	PART I. DEA	TH WAS CAUSED BY:	16	alonary,	The	motor	260				50N		Leales
	420.	DUE TO											
	Conditions, if a		)		100								
	gove rise to i couse (o), stating lying couse lost.	DIJE TO	Mil	two chrotic	- Can	dro-V	locu	Par I	Pisea	"		2 /	cers
ATION	PART II. OTH	HER SIGNIFICANT CON	DITIONS C	Mellil	H BUT NO	T RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GI	VEN IN PA	RT 1(0)	PERF	AUTOPSY ORMED?
CERTIFICATION	20a. ACCIDENT WA	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED. (E	inter noture of	injury in P	ort I or Port	II of item 1B.)	- 7			
MEDICAL (			or 20d. It While of wor	Not while		OF INJURY (), street, office			or fown)		(County)		(Stote)
	21. I certify the alive an Tales	at I attended the	deceas , 19 6	ed fram delition , and that d			877		the causes are to town	nd on th		e state	deceased d above. JE SIGNED
	PHYSICIAN'S NAME (Type)	Dr. Willi	am F	. Gassaway			Elli	cott	City, Mo	1.			
	BURIAL, CREMATIC REMOVAL (Specify) Stombment		)F	22c. NAME OF CEMETE					odlawn.			(Sto	ote)
23.	FUNERAL DIRECTOR	S SIGNATURE	1	ADDRESS	a uso	LGUIII	24a, REC'D	BY REGISTS	RAR 24b. REG	ISTRAR'S S	IGNATH	RE .	
	East EN	Feltprofel	140	Catons	ville	. Md.	DATE M		61	Willey.	S. Th	AUA	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2865 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) 1. PLACE OF DEATH e. COUNTY b. COUNTY e. STATE the d Baltimore MARYLAND Maryland b, CITY OR TOWN (if outside corporeta limits, and c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town) by write RURAL and give neerest town) Fort Howard, Maryland 408 Pitman Place Baltimore 2, Maryland =-106 Days Pages illed i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS ON A FARM? hours YES NO X 408 Pitman Place Veterans Administration Hospital papers. 3. NAME OF complete 4. DATE Year 72 DECEASED OF (Type or print) DEATH GEORGE Z. 74 1967 TURNER March carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR | and last birthdey) Months Male Colored WIDOWED [ DIVORCED physician 10e. USUAL OCCUPATION (Give kind of work remove 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Slete, or foreign country) done during most of working life, even if retired Anne Arundel Co., Maryland Barbering Rarber U. S. A. 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME attending George Robinson Liddy MN: Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give war or detes of service) CLin. Rec., VAH, Baltimore 18, Md., Ft. Howard Div. 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).) ONSET AND DEATH physicia PART I. DEATH WAS CAUSED BY: PULMONARY EDEMA RECENT IMMEDIATE CAUSE (a) PYELONEPHRITIS AND PYONEPHROSTS RECENT CARCINOMA, BLADDER WITH METASTASIS TO MESENTERIC Conditions, if any, which been geve risa to immediate ceuse & ILIAC LYMPH NODES (e), steting the underlying has ceusa lest. certificate ha PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? hospital Se Operations: 1. Pyelostomy, left for ureteral obstruction. Laparotomy 3 NO 20e. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) for OR CONTRIBUTING CAUSE OF DEATH After 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) Month, Dey, Yeer factory, street, office bldg., etc. While Not While Hour a.m. at work at work DIRECTOR: 21. I certify that (this hospital) attended the deceased from November 1960 to March 1961, that (f) (we) last saw the deceased alive on March 22a. SIGNATURE SIGNED ATTENDING STAFF DIRECTOR PHYS. PHYS. M.D TO FUNERAL
director, page 3
be filed with th 22d. ADDRESS 22c. PHYSICIAN'S CRAHAN. M.D. VAH, BALTIMORE 18, MD., FT. HOWARD, DIVISION 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) Burial Baltimore National Cem Raltimore Maryland 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arthur & Krous MAR 1 5 '61 15M 9/60 Charles B. Iewis Mortuary, 1639 N. Broadway, Balto DATE 13,Md.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

MAKILAND SIAIE DEPARIMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, CERTIFICATE OF DEATH	MARYLAND
CEPTIFICATE OF DEATH	02848
Items 23a,b,c & d Film G283 3/20/61 iwk	0.001

		2 2/ EV/ 01 1WK
A	Delice of Death  Baltimore  Maryland	2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission)  e. STATE Maryland b. COUNTY
1	b. CITY OR TOWN (if outside corporata limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
7	write RURAL and give neerest town) Catonsville 35vr25dvs	Baltimore 3V01-7
2	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS  e. 1S RESIDENCE ON A FARM?
	SPRING GROVE STATE HOSPITAL	729 Montford Avenue (S)
ľ	3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year
	(Type or print)  Julia Schuland	Tyma DEATH March 5 1961
	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	3. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Days Hours Min
1	female white widowed Divorced X	April 12, 1882 78 yrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
4	seamstress tailor shop	Poland
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Matthew Tyma	Mary Salboszeka
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. (Yes, no, or unkown)   (Ifyes give werordates of service)	INFORMANT Address
	unknown Re	cords: SPRING GROVE STATE HOSPITAL
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Cardiac faules	
	Conditions, if any, which the Arterios ele	
		10215 Long Stand
	geve rise to immediate ceuse (a), stating the underlying  DUE TO	
	cause lest. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	LY CONTRACTOR OF THE CONTRACTO	YES NO 🔼
	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter neture of injury in Pert I or Part II of item 1B.)
		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg., atc.)
	21. I certify that (I) (this hospital) attended the deceased from.	July 1, 1955, to March 5., 19.61 that (I) (we) last
	saw the deceased alive on March 5 19.61, and tha	t death occurred at
	220. SIGNATURE Stella Wallesh	ATTENDING MED. STAFF 3-5-61 22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) Stella Wachsler, M. D.	22d. ADDRESS SPRING GROVE STATE HOSPITAL
	Stella wattiblel, N. D.	Gatonsville 28, Naryland
	23c. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)  Burial 3/11/61 St. Stanisla	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
+	Kaczorowski Tun. Sev. 15+5 Het St.	Pattorfoge MAR 13'61 arthur S. Krous
		1 mil

3 Comment of the State of the Sta The state of the s Hayman Live tow Hat plate pres and and and

3.0		PLACE OF DEATH	ER'S CERTIFICATE OF DEATH 02849  2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before ed	dmission
MI	1	BALTIMORE MARYLI		
4		c. LENGTH OF STAY write RURAL end give nearest town)  CATO WS VILLE	Catonsville	n)
X		. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddres	1916 Faudinglin Arro ONA	FARM?
	3	1216 LANDINGTON AVE.	1216 Last 4. DATE Month Dev Yes	NO [
	-	DECEASED Type or print) Stanley	UDES DEATH March 18 196	51
	5.	Stattley	17	
95	- 20	Male White WIDOWED DIVORCED	Months Devs Hours	Min.
	10e	USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR II	INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CO	DUNTRY
	00	e during most of working life, even if retired)  CARPENTER  CONTRACTO	OR MD.	
3	13.	FATHER'S NAME .	14. MOTHER'S MAIDEN NAME	
L)		CHARLES UDES	MARY -	
		WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO., no, or unkown)   (Ifyesgivewerordelesofservice)		^
		YES W. W. II	mys. Catheren M. Ules-1216 Fanding ton Ro	P.
		18. CAUSE OF DEATH [Enler only one cause par line for (e), (b), end (c).	ONSET AND D	WEEN
		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)  Carbon Monoxic	de Poisoning.	
		9"/3. / DUE TO		
		Conditions, if any, which gave rise to immediate cause		
		(a), stating the underlying DUE TO		
		cause last. (c)		
	NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AU PERFOR	
	5			10
0		20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCC	TIPED /Enter making of infriend in Double or Double of them 10 \	
0	ERTIF	PRIMARY   or CONTRIBUTING		
0	AL CERTIFICATION	CAUSE OF DEATH. Inhalation of	carbon monoxide	
)		CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   2   2   2   2   2   2   3   4   4   4   4   4   4   4   4   4	carbon monoxide  20e. PLACE OF INJURY (Home, farm, factory, streat, office bldg., etc.) (City or town) (County) (S	Stele)
)	MEDICAL CERTIF	CAUSE OF DEATH.  20c. TIME OF INJURY Hour a.m. 6:45 19m.  3/18 19 61 19 61 19 19 19 19 19 19 19 19 19 19 19 19 19	carbon monoxide  20e. PLACE OF INJURY (Home, farm, factory, street, office bldgs., etc.)   Baltimore Baltimore	Md.
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7	MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer Hour e.m.  6:45 pm. 3/18 19 67 el work 2  21. I certify that I took charge of the remains described about death resulted from: Natural causes , Accident , ACTUAL SIGNATURE	carbon monoxide  20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  Car  Baltimore  Baltimore  Baltimore  Ove, held an Autopsy, Inspection, Inquiry, and in my open suicide  CHIEF MEDICAL EXAMINER  M.D. ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  March 18, 1961  Address (Street, city, town, or county)	Md .
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## FOR STATE HEALTH DEPT

ay is necessary, TO DEF CONTROLLER EXAMINER: This certificate should be executed within 24 hours after death. If are lay is necessary please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the Maral director. Pages should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Healt or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

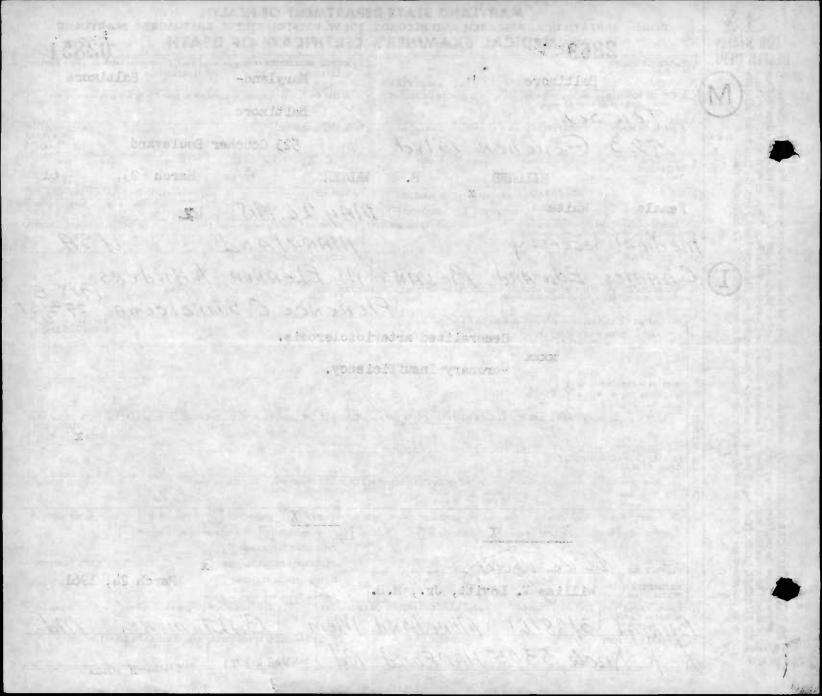
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2868 MEDICAL EXAMINED'S CEDITIES ATE OF DEATH

-	7000 MEDICAL	EXAMINER 3	- GERTINI	CAIL OI D		11689
1. PLACE OF DEATH				SIDENCE (Where daces	esed lived, If institution: Resi	idanca before admission)
a. COOKIT	Baltimore	MARYLAND	a. STATE	Maryland	b. COUNTY Bal	timore
	f outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If outside corporet	to limits, writa RURAL end g	ive nearast town)
Write KUKAL end	giva naerest town)		X	Baltimore		
d. NAME OF HOSPIT	AL OR INSTITUTION (if not in hospi	ital, give street address)	d. STREET A			1 . IS RESIDENCE
523	Goucher	BLVd		523 Goucher	r Boulevard	e. IS RESIDENCI ON A FARM? YES NO Day Yaar  23, 19 61 YEAR IF UNDER 24 HRS. Days Hours Min. IZEN OF WHAT COUNTRY  US 17  INTERVAL BETWEEN ONSET AND DEATH
3. NAME OF DECEASED	First	Middla	Lasi	4. DATE	Month E	Day Yaar
(Type or print)	John	L.	WALTER		March 2	3. 19 61
5. SEX	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED   8	B. DATE OF BIRTH	9. A	GE (In years   IF UNDER 1 YE	
Male	White WIDOWED	DIVORCED	5-11	-1410	50 yrs. Months Day	ys Hours Min.
100. USUAL OCCUPATI	ON (Giva kind of work   10b. KIN	OF BUSINESS OR INDUSTR	RY 11. BIRTHPLA	CE (Stata or foreign country	y) 12. CITIZEI	N OF WHAT COUNTRY
CROWN	rking lifa, avan if retired)	SPAL CO	Tou	V.50N. 1	nd 1	1.5A
13. FATHER'S NAME	CONK	3(42)	14. MOTHER'S	MAIDEN NAME	10	,
TahN	1. WALK	irs Se	11/11	-0 M	11/01	150/
		OCIAL SECURITY NO. 17.	INFORMANT		Address	
(Yas, no, or unkown) (If	iyasgiva war or detasof servica)	m	pc A	lice m	TROK.	010
I IB. CAUSE OF D	EATH [Enter only one couse per lin	te for (e), (b), end (c),	162 / 1/	1-0 ///	DAI	INTERVAL RETWEEN
	WAS CAUSED BY:	ocardial infar	etion of	interventri	cular	
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Conditions, if eny gava risa to immedia	(0)					
(e), stating the ur	DITE TO					
cousa last.	) (c)	TO DEATH AND	7 00 470 70 70	r TERMINAL DISCLES CO.		
PART II. OTHER	SIGNIFICANT CONDITIONS CONT	KIBUTING TO DEATH BUT NO	DI KELATED TO TH	E TERMINAL DISEASE CON	NOTITON GIVEN IN PART 1(8	
5						YES XX NO
PART II. OTHER  OF D  208. EXTERNAL CA  PRIMARY OF CO  CAUSE OF DEATH.		BE HOW INJURY OCCURED. (	Entar netura of inju	ry In Pert I or Pert II of Ite	m 18.)	
3 20c. TIME OF INJU	RY Month, Day, Yaar   20d. IN		ACE OF INJURY (H		town) (County	) (Stela)
20c. TIME OF INJUI	While et work		tory, street, office b	ldg., etc.)		
	at I took charge of the rema		eld an Autopsy	X. Inspection	, Inquiry \(\sigma\), a	and in my opinion
death resulted for		Accident . Suic	-		termined manner	and in my opinion
Godin Tosuilog 1	I dia di cadaca da la	Accident, suic		EDICAL EXAMINER	Torrining manner	
ACTUAL	Weller Shrext			ANT MEDICAL EXAMINER		Dame Claure
SIGNATURE	00	X	M.D.		March 24	
EXAMINER'S NAME (Type)	William N. Lovit	t, Jr., M.D.		MEDICAL EXAMINER		,, _,,_
	N, 22b. DATE THEREOF 2	22c. NAME OF CEMETERY OF		(Street, city, town, or cour	nty) N (City, lown, or country)	(Stafe)
REMOVAL (Specify)	3-28-6/	MORELA	Nd F	K B	AITO 1	Md.
23. FUNERAL DIRECTOR	1000	ADDRESS //	1.0 2	40. REC'D BY REGISTRAR	246. REGISTRAR'S SIGN	ATURE
semaid	Y NUCR 5	305 Hay	ord, 1	ATBMAR 2 7 '61	arthur 8 to	Lalle
	0	' 0				

No. 523 Sougher Bondaving KENSON HIE WILLSH Andread all the obles about the managery March 21, 1961

MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH 00 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decressed lived, If institution: Residence before admission) a. COUNTY Health, eral director. Page ad for your files. b. COUNTY is necessary, Baltimore Marvland-Raltimore MARYLAND b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) for your write RURAL and give neerest town) jo Baltimore W-50 N HOSPITAL OR INSTITUTION (if not in hospitel, give street address) Board d. STREET ADDRESS . IS RESIDENCE ON A FARM? 523 Goucher Boulevard State oucher YES NO NAME OF This certificate should be executed within 24 hours after death. If any a word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fadicial Examiner's Office along with form PM3. Page 5 may be retained be used as a burial-transit permit. File pages 1 and 2 with the Standard be used as a burial-transit permit. File pages 1 and 2 with the Standard by the s Last DATE Dey Year DECEASED OF 19 61 B. WALTERS March (Type or print) DEATH AGE (In yeers | IF UNDER 1 YEAR I 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months Hours Female WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan If ratirad) SECRETAR PE CICA EVER IN U.S. ARMED FORCES? (Yes, no. or unkown) | (If yas give wer or dates of service HORENCE 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Generalized arteriosclerosis. IMMEDIATE CAUSE (e) MAN WAY Coronary Insufficiency. Conditions, if eny, which (b) gava risa to Immediata cause DUE TO (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? cute the certificate, writing the word Medical NO T should 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: burial, CAUSE OF DEATH. forwarded to the Chief L DIRECTOR: Page 3 MEDICAL 2De. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Dey, Yeer 2Dd, INJURY OCCURRED 2Df. (City or town) (County) (Stata) factory, streat, office bldg., etc.) 0 While Not While Hour a.m. et work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection Inquiry and in my opinion agent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER T designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE March 24, 1961 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Lovitt. Jr., M.D. NAME (Typa) Address (Street, city, town, or county) please e. DEP NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION. 22d. LOCATION (City, town, or country) (State) its MEMOVAL (Spacify) 0 PUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME DATEMAR 2 5M 7/59



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TO MOSPITE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4		TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled or by the funeral director.	page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with	1
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2870	CERTIFIC	CATE OF DEATH	Rea. Di	ist. ND 2859
1. PLACE OF DEATH OR COUNTY Balting ar	WARYLAN	II O STATE	ed livel. If institution: Residen	11.000
b. CITY OR TOWN (If autside corporate limi RURAL and give nearest to an)	80 gears	c. CITY OR TOWN (It Suiside corp	porate limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, of OR INSTITUTION)	when Rel #1	2 Luchen Da	DATE Month Day Year DATE In John Month Day Year DATE In Strict Consider Country Day Year DATE In John Month Day Year DATE In Strict Country Month Day Haurs Min.  DOWN Month Day Haurs Min.  P. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. In John Months Days Haurs Min.  Descign country) In It. CITIZEN OF WHAT COUNTRY DAW ALLA  INTERVAL BETWEEN ONSET AND DEATH OCKALLY  DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO   OF COUNTY) (Stote)  OF. (City or town) (County) (Stote)  What I last saw the deceased of fram the couses and on the date stated above.  RESS (Street, city or town, state) DATE SIGNED	
3. NAME OF DECEASED (Type or print)	ep4 Middle		10	
male C	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	14 February, 1876	last birthdoy) 85 yrs. Months	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired	done 10b. KIND OF BUSINESS OR IN	1/1/1		TIZEN OF WHAT COUNTI
UNKN	own	UNKNO	-	
IS. WAS DECEASED EVER IN U. S. ARMED FOR (Yes. no. or unknown) (If yes, give wor or dates of s		Daughter Ella I		aml
18. CAUSE OF DEATH [Enter only one con PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (or DUE TO Conditions, if any, which gove rise to immediate cause (a), stoling the under-lying cause lost. (c	Cardiac Arterio-pelus	Lecanpensatio Le cardio Mose	ular disiare	ONSET AND DEATH
PART II. OTHER SIGNIFICANT CON  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		BUT NOT RELATED TO THE TERMINAL DISEA:		PERFORMED?
(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Yes Hour a. m. 19 p. m.	or 20d. INJURY OCCURRED 20e. While Not while of wark of work	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	ly or town) (	County) (State
21. I certify that I attended the olive on		_M.DCocke	m the couses and on the Street, city or town, state)	he date stated abo
PHYSICIAN'S WALTED	7 1. KEES	10	ing quic	
PHYSICIAN'S NAME (Type)  120. BURIAL CREMATION, 22b. DATE THEREO REMOVAL (Specify)  13. FUNERAL DIRECTOR'S SIGNATURE	PI IKEES  PI 22c. NAME OF CEMETER  196/STEVENSON  916 ADDRESS PEA		ARKS, M	ARYLAND

R 1 S Grand and the second		Sec. 10.	
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The second of the second			
15,000,000,000			

e. IS RESIDENCE ON A FARM?

U.S.A.

(County)

ONSET AND DEATH

WAS AUTOPSY PERFORMED? YES NO

(Siole)

DATE SIGNED

(Stote)

YES NO Y

Yeor

1967

1SM 10/57

A. Heemann 6067 Harford Rd.

VS A15 (4)

15M 9/58

DATE MAR 1 6 '61

arthur S. Kraus

HITARU TO TRACE IN THE ency Laine Dritamore ot loseph wor Home 34 Oaklebab Bd. 13 61 doubt wife Paltimore ... mack dock (betain) talded Bareh Lewis Otto Waker brother 1629 E. 32ph Bt. but signified the Mt Olivet Cem. Beltimore id. P. A. Hesnann 5067 Hartord Hd.

DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH a. COUNTY by the land 2 s MARYLAND death. b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b þ write RURAL and give nearest town) led in Pages 1 72 hours after d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Windsor Road Road papers. 3. NAME OF complete Middle DECEASED OF (Typa or print) DEATH C carbon with 7. MARRIED NEVER MARRIED and last birthday) Months WIDOWED male physician remove 10a. USUAL OCCUPATION (Giva kind of work dona during most of working life, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending (Yes, no, or unkown) | (If yas giva war or dates of sarvica) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), PART I. DEATH WAS CAUSED BY: g physic signed b IMMEDIATE CAUSE (a) DUE TO affending Conditions, if any, which gava risa to immadiate causa DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT certificate as prior 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) the detached for DIRECTOR: After this Health (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 2Da. PLACE OF INJURY (Homa, farm, ' 20f. (City or town) Month, Day, Yaar factory, street, offica bldg., etc.) While Not While at work at work 1955 21. I certify that (i) (this hospital) attended the deceased from ...... 1.19.6. I, and that death occured at I... A.M., from the causes and on the date stated above. saw the deceased alive on. >= 22a SIGNATURE ATTENDING DIRECTOR PHYS. M.D. TO FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typy) director, be filed v OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF FREMOVAL (Spacify) Moreland Mem. burial 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Orthur S. Kraus

15M 9/60

TON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 26 AGE (In years | IF UNDER 1 YEAR Days 12. CITIZEN OF WHAT COUNTRY? same INTERVAL BETWEEN ONSET AND DEATH THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY (County)

DATE MAR 2 9 '61

. IS RESIDENCE ON A FARM?

YES NO X

IF UNDER 24 HRS.

PERFORMED?

NO

(State)

22b. DATE

(State)

SIGNED

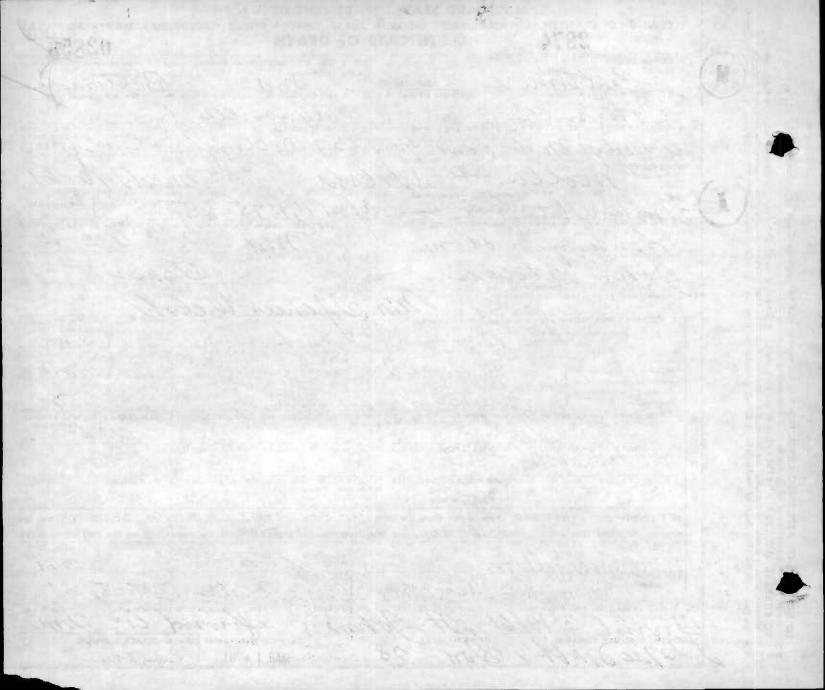
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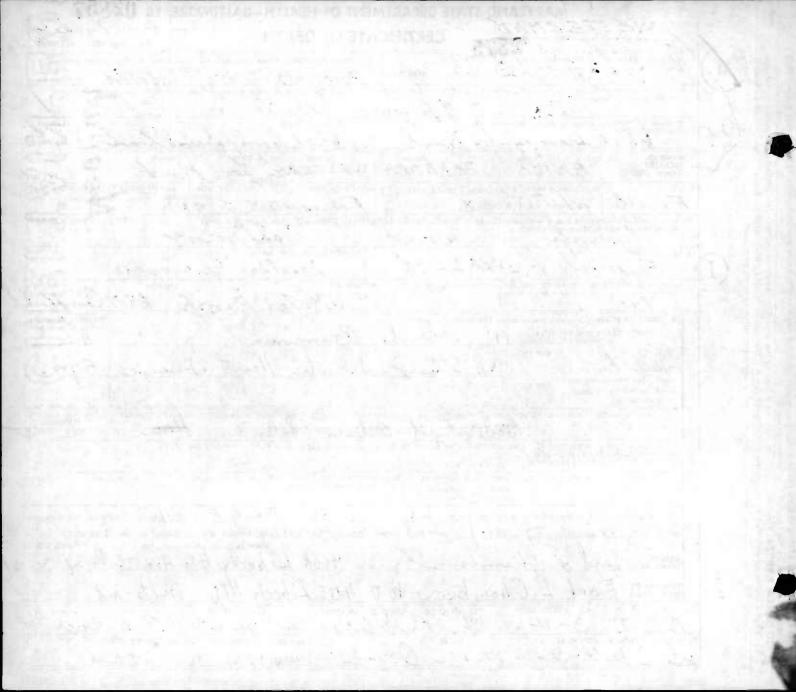
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hin 24 hours after	Pages 1 and 2 should urs after death
TO HOS: I. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after death. For 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.
OF S	P. P. B

VR A15 (4) 15M 9/60 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
2874 CERTIFICATE OF DEATH
1285

	2874 CERTIFICATE OF DEATH	12858							
N	1. PLACE OF DEATH  a. COUNTY	dence before admission)							
J	Bactimore MARYLAND 8. STATE MA 6. COUNTY CT	10-0-20							
4	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (It outside corporate limits, write RURAL and gi	iva nearest town)							
1	write BURAL and give nearast town								
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)  d. STREET ADDRESS	. IS RESIDENCE							
S	11115-1011 20-10111								
	3. NAME OF First Middle Last A DATE Month	Day Year							
	DECEASED OF OF	yay / tear							
	(Type or print) mollie T. Welsh DEATH Musch	10 1901							
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YE.								
	+ Comple (1) Grete WIDOWED X DINORESD (1), 1873 X Syr.	Tiodis Min.							
	10e: USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEI	N OF WHAT COUNTRY?							
	nonsente Hom. med	·s.a.							
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME								
	Wohn Viteren Grass								
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT / Address	-							
	(Yes, no, or unkown) (If yes give wer or detes of service)								
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN							
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH							
	IMMEDIATE CAUSE (6) My rearded Ricorrependation	3-22741							
	DUE TO DUE TO	A 7 mm							
	Conditions, if any, which geve rise to immediate causa	2 121.							
	(a), steting the underlying DUE TO	James and A							
	ceuse lest. (c) It renalized artivite eliverio	1372							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1)	19. WAS AUTOPSY PERFORMED?							
	3	YES NO							
ı	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.  15. WAS AUTOMOTED FOR THE TERMINAL DISEASE CONDITION GIVEN IN PART II.  16. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.  16. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.  17. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.  18. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.  19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.  19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.  19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.  19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.  19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.  19. PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.  19. PART II. OTHER SIGNIFICANT CONTRIBUTION C								
	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   201. (City or town) (County)								
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  While Not While et work at work 19 et work 19								
21. I certify that (I) (this hospital) attended the deceased from 3 3/2, to 3-10, 1964, th									
	saw the deceased alive on 3-10-19.61, and that death occurred at SRM, from the causes and on the								
	22a, SIGNATURE	22b. DATE							
	ATTENDING MED. STAFF	3-13- LSIGNED							
	22c. PHYSICIAN'S 22d. ADDRESS	01001							
h	NAME (Type) Willster K. Gallager M.D. 6209 Fredorichan, Bolt. 2:	8, Jand.							
	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county)	(Stete)							
	SEMOVAL (Specify) 3/18/6/ At / Why	mod.							
-	24-CONERAL DIRECTOR'S SIGNATURE ADDRESS 250, REC'D BY REGISTRAR 25b, REGISTRAR'S SIG	SNATHE							
1	1 50 c. 2 c. 11 1 0/2 DR								
/	1 /AL OJAPP + Son 20 DATMAR 1 4 '61 CITTING S. 90	LOVER							





VS A15 (4) 15M 9/5B

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2876 CERTIFICATE OF DEATH

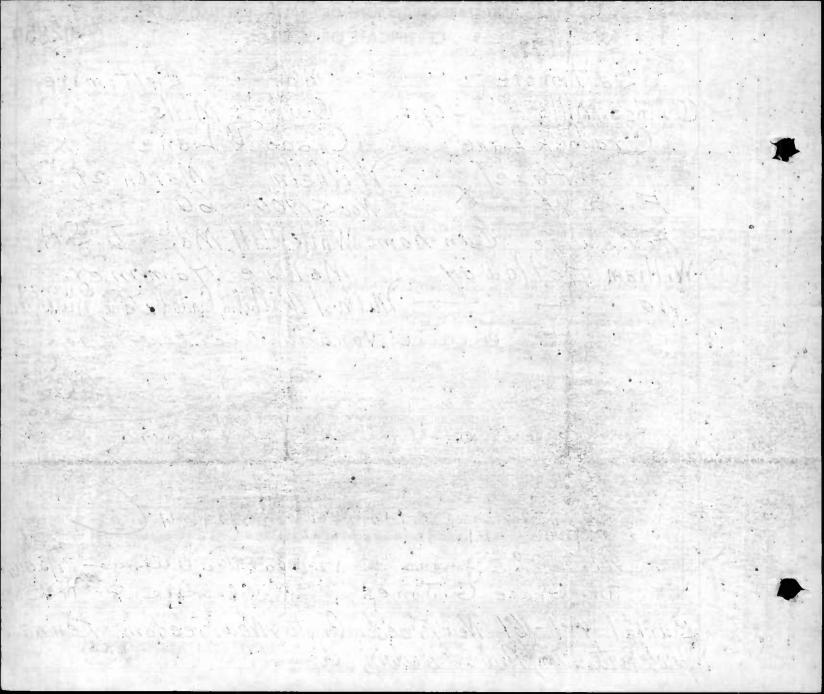
Reg. Dist. No. 02858

1. PLACE OF DEATH O. COUNTY  Baltimore  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Dickevville				
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  Catonsville					
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Shady Nook Nursing Home	d. STREET ADDRESS  6. IS RESIDENCE ON A FARM? YES NO M				
3. NAME OF PICE A. Middle DECEASED (Type or print) FLORENCE A.	Lost 4. DATE Month Day Year OF				
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	WETTSTEIN DEATH March 6 19 61  B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS				
Female White WIDOWED DIVORCED	Dec. 25, 1885   lost birthdoy)   Months   Days   Haurs   Min.				
10a. USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country)  New York  USA				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Delmont Angel	Atta Roat				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 17. No. 18. No. 18. No. 19. No. 19	INFORMANT Address  Ars. Ruth W. Carter-5608 Dogwood Rd.				
18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Canditians, if any, which gave rise to immediate couse (a), stoting the <u>under-lying cause lost.</u> (b)  DUE TO  (c)	lerotti blank disease interval Between onset and peath of beast a metastases 25 years				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF CONTRIBUTING TO CAUSE OF DEATH OF CONTRIBUTING TO DEATH BUT OF CONTRIBUTING TO CONT	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?, YES NO				
	RED. (Enter noture of injury in Part I or Port II af item 18.)				
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while at work at work 19 at work 19	PLACE OF INJURY (Hame, form, 20f. (City ar town) (Caunty) (State actory, street, affice bldg., etc.)				
21. I certify that vattended the deceased fram. 5 / 20 , 19 5 7 to 3 / b , 19 6 that I last saw the deceased alive an 3 2 , 19 6 , ond that death occurred at 2 M, fram the causes and an the date stated above ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE  M.D. 3 4 8 WWW. GUE 3 7 6 1					
PHYSICIAN'S ROBERT A, REITER, M.D.	Garrison Blvd. & Windsor Ave.				
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 3/8/1961 Lorraine M					
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE				
Ellsworth Armacost-4600 Liberty Hgh	ts. Ave. DATE MAR 9 '61 Orillar S. Krous				

7 STANCIA TANTANES mat savi ?allivance. Shace Nucl. Murring from: ... 5002-Weigstrudgelile Sch. FLORENCE A CHETTERINE AND EDUNEOUS The State of the state of ATT ROBE 191-31-7891 Mrs. Bert W. Osrter-5888 Doywood B t. C. THE STATE OF THE S and the constitution is the to the enterest the constitution to Corr. Schlager S. H. Marting, Martin Carrison Pink by Madaur Ave.

VS A15 (4) 15M 9/5B

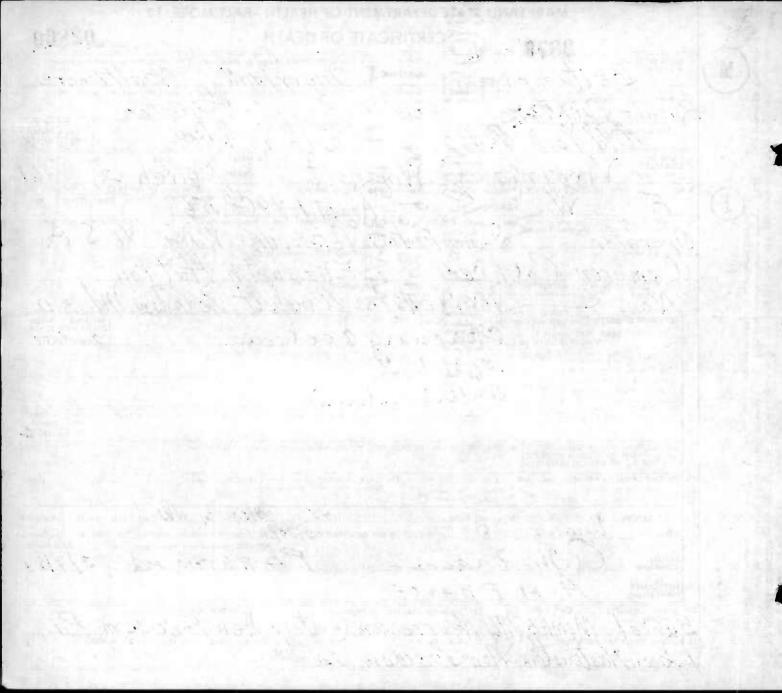
CERTIFICATE OF DEATH  Reg. Dist. No.  1. PLACE OF DEATH  Reg. Dist. No.  1. SUBJAN RESIDENCE (Where decreased lived. If initializing, Residence before admission)  1. COUNTY District of the plant of the plan		MAKILAND	SIAIE DEPAKI	MENT OF HEALTH-B	ALIIMORE, 18	0005
D. CITY OR TOWN (if outbide corporate limits, write   C. LENGTH OF STAY IN 1 b)   C. CITY OR TOWN (if outbide corporate limits, write   C. LENGTH OF STAY IN 1 b)   C. CITY OR TOWN (if outbide corporate limits, write   SURAL and give necretal from).  D. OLYN, OLYN (if outbide corporate limits, write   SURAL and give necretal from).  D. OLYN (if outbide corporate limits, write   SURAL and give necretal from).  D. OLYN (if outbide corporate limits, write   SURAL and give necretal from).  D. OLYN (if outbide corporate limits, write   SURAL and give necretal from).  D. OLYN (if outbide corporate limits, write   SURAL and give necretal from).  D. OLYN (if outbide corporate limits, write   SURAL and give necretal from).  D. OLYN (if outbide corporate limits, write   SURAL and give necretal from).  D. OLYN (if outbide corporate limits, write   SURAL and give necretal from).  D. OLYN (if outbide corporate limits, write   SURAL and give necretal from).  D. OLYN (if outbide corporate limits, write   SURAL and give necretal from).  D. OLYN (if outbide corporate limits, write   SURAL and give necretal from).  D. OLYN (if outbide corporate limits, write   SURAL and give necretal from).  D. OLYN (if outbide corporate limits, write   SURAL and give necretal from).  D. OLYN (if outbide corporate limits, write   SURAL and give necretal from   SURAL and give necretal from   SURAL and give necretal from   If output nec		2277	CERTIFIC	CATE OF DEATH	Reg. Dist.	No. 0285
Control of the control by the cont	o. COUNTY 13 d	Itimore		D O. STATE Md	P. CONSTO /-	more.
S. NAME OF DEATH   S. OLICE OF BEATH   S. DATE OF BEATH   S. DATE OF BEATH   S. DATE OF BEATH   S. SEX   S. COLOR OR POCE   7. MARRIED   NEVER MARRIED   S. DATE OF BEATH   S. DATE OF	RURAL and give neare	Y) / S.	20yrs,	X Owing	= N:1/s	
DECEASED  (1) SPO OP INTITUTE  S. SEX  6. COLOR OR BACE   7. MARRIED   NEVER MARRIED   19. DATE OF BIRTH  (1) SPO OP INTITUTE  (1) SPO OF INTITUTE  (2) SPO OF INTITUTE  (2) SPO OF INTITUTE  (3) SPO OF INTITUTE  (4) SPO OF INTITUTE  (4) SPO OF INTITUTE  (5) SPO OF INTITUTE  (6) SPO OF INTITUTE  (6) SPO OF INTITUTE  (7) SPO OF INTITUTE  (8) SPO OF INTITUTE  (8) SPO OF INTITUTE  (8) SPO OF INTITUTE  (8) SPO OF INTITUTE  (9) SPO OF INTITUTE  (1) SPO OF INTITUTE  (2) SPO OF INTITUTE  (2) SPO OF INTITUTE  (3) SPO OF INTITUTE  (4) SPO OF INTITUTE  (5) SPO OF INTITUTE  (6) SPO OF INTITUTE  (6) SPO OF INTITUTE  (7) SPO OF INTITUTE  (8) SPO OF INTITUTE  (1) SPO OF INTITUTE  (2) SPO				11 Cradoci	k Lane	ON A FARM?
100. USUAL OCCUPATION (Give kind of work done)   100. KIND OF BUSINESS OR INDUSTRY   11. BISPHPIAGE (Stote or foreign country)   12. CILIZEN OF WINSCOLUNTRY   13. BISPHPIAGE (Stote or foreign country)   12. CILIZEN OF WINSCOLUNTRY   13. BISPHPIAGE (Stote or foreign country)   13. MARCH PROCESS   14. S. ARMED FORCESS   16. SOCIAL SECURITY NO.   11. MOTHER'S MAIDEN NAME   13. MARCH PORCESS   16. SOCIAL SECURITY NO.   11. MOTHER'S MAIDEN NAME   13. MARCH PORCESS   16. SOCIAL SECURITY NO.   11. MOTHER'S MAIDEN NAME   13. MARCH PORCESS   16. SOCIAL SECURITY NO.   11. MOTHER'S MAIDEN NAME   13. MARCH PORCESS   16. SOCIAL SECURITY NO.   11. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. MARCH PORCESS   16. SOCIAL SECURITY NO.   11. MOTHER'S MAIDEN NAME   16. MOTHER	DECEASED	Hazel	Middle	)//·// OF		29, 196/
13. FATERY STAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   INFORMANT   17. MOTHER'S MAIDEN NAME   18. CAUSE OF DEATH   Enter only one course per line for (o). (b). and (c).   PART I. DEATH WAS CAUSED BY:   18. CAUSE OF DEATH   Enter only one course per line for (o). (b). and (c).   PART I. DEATH WAS CAUSED BY:   ONSET AND DEATH   ONSET	F	WIDOWE	D DIVORCED	Nov.5, 1900	ost bishiday) Months Day	
15. WAS DECEASEDEVER IN J. S. ABRED FORCES? (Ife. no. option) (Ife	during most of working	life, even if retired)	or Business or in	ne, White Hal	ign country) 12. CITIZEN	OF WHAT COUNTRY?
It yes, give wor of dotte of service)	William	Hollow	dy	Mollie	Hamm	er,
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate (b)  DUE TO  Conditions, if any, which gave rise to immediate (b)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  YES NO PERFORMED?  YES NO CONTRIBUTING CAUSE OF DEATH (if ETHER NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year land work of twork of two			SOCIAL SECURITY NO.	Millard Wille	lm Cradock Lane	miles m
DUE TO  Conditions, if any, which gove rise to immediate couse (o), stoling the under lying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH II. (IF EITHER NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED while of work of a wo	PART I. DEATH	WAS CAUSED BY:	e for (a), (b), and (c).]	Vacan Carro	1	ONSET AND DEATH
gove rise to immediate couse (a), stating the under. If ying couse last (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES OR CONTRIBUTING CAUSE of DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. ACCIDENT WAS UNDERLYING DOBATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (Enter nature of injury imPart I ar Part II of item 16.)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED while of work of factory, street, office bidg., etc.)  21. I certify that I attended the deceased from 19 of work of work of work of the course and an the date stated abave. ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE ACTUAL SIGNATURE ADDRESS (Street, city or town, state)  22c. BURIAL CREMATION. 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY PROCESS (GIVEN) TO COUNTY (City, town, arcounty) 190te)  22c. BURIAL CREMATION. 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY PROCESS (GIVEN) TO COUNTY (City, town, arcounty) 190te)  22d. RECIDENTARY SIGNATURE ADDRESS (STRARY SIGNATURE) ADDRESS (STRARY SIGNATURE) 24c. REGISTRARY SIGNATURE 24c. REGISTRARY 24c. REGISTRAR	331X			Viescus a	record .	radigo
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 16.)  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 16.)  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 16.)  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 16.)  20a. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED with injury in Part II of item 16.)  20a. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED with injury in Part II of item 16.)  20a. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED with injury in Part II of item 16.)  20a. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED with injury in Part II of item 16.)  20a. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED with injury in Part II of item 16.)  21. I certify that I attended the deceased fram 20d. Injury in Part II of item 16.)  21. I certify that I attended the deceased fram 20d. Injury in Part II of item 16.)  21. I certify that I attended the deceased fram 20d. Injury in Part II of item 16.)  22a. TIME OF INJURY Month, Doy, Year 20d. Injury in Part II of item 16.)  22b. ADDRESS (Street, city or town) (Caunty) (State)  2a. TIME OF INJURY Month, Doy, Year 20d. Injury in Part II of item 16.)  2a. TIME OF INJURY Month, Doy, Year 20d. Injury in Part II of item 16.)  2a. TIME OF INJURY Month, Doy, Year 20d. Injury in Part II of item 16.)  2a. TIME OF INJURY Month, Doy, Year 20d. Injury in Part II of item 16.)  2b. TIME OF INJURY Month, Doy, Year 20d. Injury in Part II of item 16.)  2a. TIME OF INJURY Month, Doy, Year 20d. Injury in Part II of item 16.)  2b. TIME OF INJURY MONTH, Doy, Year 20d. Injury in Part II of item 16.)  2c. TIME OF INJURY Month, Doy, Year 20d. Injury in Part II of item 16.)  2c. TIME OF INJURY Month, Doy, Year 20d. Injury in Part II of item 16.)  2c. TIME OF INJURY MONTH, Doy, Injury in Part II of item 16.)  2c. TIME	gove rise to imme cause (a), stating the	ediate Dur To				
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II of item 16.)  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II of item 16.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of the other work of the other port of the injury in Port I ar Part II of item 16.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of the injury in Port I ar Part II of item 16.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of the injury in Port I ar Part II of item 16.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED while of work of the injury in Port I ar Part II of item 16.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED while of injury in Port I ar Part II of item 16.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED while of injury in Port I ar Part II of item 16.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED while of injury in Port I ar Part II of item 16.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED while of injury in Port I ar Part II of item 16.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED while of injury in Port I ar Part II of item 16.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED while of injury in Port I ar Part II of item 16.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED while of injury in Port I ar Part II of item 16.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED while of injury in Port I ar Part II of item 16.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED while of injury in Port I ar Part II of item 16.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED while of injury in Port I ar Part II of item 16.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED while of injury in Port I ar Part II of item 16.)  20c. TIME OF INJURY MONTH AND INJURY OCCURRED while of injury injury injury i	PART II. OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DIS	SEASE CONDITION GIVEN IN PART 1(0	PERFORMED?
Haur a. m. p. m.  19 While of work of while of work of	20g. ACCIDENT WAS U OR CONTRIBUTING [] (IF EITHER, NOTIFY MEI	NDERLYING   20b. DESC CAUSE OF DEATH DICAL EXAMINER)	RIBE HOW INJURY OCCUP	RRED. (Enter nature of injury in Part I a	r Part II of item 18.)	YES NO L
alive on 3, 29, 19 (a), and that death accurred at 5, 145 (M), from the causes and an the date stated abave.  ADDRESS (Street, city or town, state)  DATE SIGNED  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type) Dr. Grace G. Jones  PHYSICIAN'S NAME (Type) Dr. Grace G. Jones  220. BURIAL, CREMATION, REMOVAL (Specify Control of the control of t	Haur a.m.	While	Not while	PLACE OF INJURY (Hame, farm, factary, street, office bldg., etc.)	(City or town) (Caur	nty) (State)
ACTUAL SIGNATURE 2. A. C. M.D. 17. Walfor Officer Clience 3. ADDRESS (Street, city or town, state)  PHYSICIAN'S Dr. Grace G. Jones Baltanae 8. M.D.  220. BURIAL, CREMATION, 122b., DATE THEREOF, 12c. MAME OF CEMETERY OR CREMATORY PROVAL (Specify 4. ADDRESS DATE THEREOF, 12c. MAME OF CEMETERY OR CREMATORY PROVAL (Specify 4. ADDRESS DATE THEREOF)  21. FUNERAL PIRECTOR'S SIGNATURE ADDRESS DATE THEREOF PROVAL PROGRAMMENT ADDRESS DATE THEREOF PROVAL PROGRAMMENT PROGRAMMENT PROVAL PROGRAMMENT PROVAL PROGRAMMENT PROVAL PROGRAMMENT PROGRAMMENT PROGRAMMENT PROVAL PROGRAMMENT PROGRAMM		1 - 0 . 1		17.363., 10	/ 1 /	
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PAME (Type)  220. BURIAL, CREMATION, 122b., DATE THEREOF, 12c. NAME OF CEMETERY OR CREMATORY  REMOVAL (Specify  4  ADDRESS  22d. LOCATION (City, town, drycounty)  22d. LOCATION (City, town, drycounty)  22d. LOCATION (City, town, drycounty)  22d. REC'D BY REGISTRAR  24d.	SIGNATURE 9	are 2.	Inec	M.D. 17 Wal	Ican allenn	- 3/20/
REMOVAL (Specify 4-1-6/ New Freedom Cometery New Freedom tennal placetor's signature address ) 24g. RECID BY REGISTRAR'S SIGNATURE	PHYSICIAN'S DE	· Grace	G. Jon	es Bal	timae 8	- hel.
29. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. RECID BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	220. BURIAL, CREMATION,	22b. DATE THEREOF	22c. NAME OF CEMETERY	1.11 + 1/	OCATION (City, town, ar county)	Found
	28. FUNERAL PIRECTOR'S 91	instern Row	ADDRESS	24a. REC'D BY RE	111 Cuntury 2. 10	rause



VS A1S (4) 1SM 9/58

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	2279	CERTIFIC	ATE OF DEATH	Re	ng. Dist. NJ. 2860
1. PLACE OF DEATH a. COUNTY	Himore	2 MARYLAND	11dry d	ind b. COUNTY	altimore.
b. CITY OR TOWN (If outs RURAL and give near U.Y.7 d. NAME OF HOSPITAL (II OR INSTITUTION	erkton	c. LENGTH OF STAY IN 16	d. STREET ADDRESS	le corporple limits, write RURA	d and give nearest town)  e. IS RESIDENCE ON A FARM?
3. NAME OF DECEASED	York /	Middle /	/ ) +	DATE Month	YES NO Day Year
S. SEX 6. (	COLOR OR RACE 7. MAI		CHOLL		UNDER 1 YEAR IF UNDER 24 HRS
10a. USUAL OCCUPATION (Government of working life of working life of the control	sive kind of work done lotife, even if retired)	KIND OF BUSINESS OR INC	STRY DI. BIRTHPLACE (Stage or for	preign country)	12. CITIZEN OF WHAT COUNTRY
15. WAS DECEASED EVER IN (Yes, no. A unknown) (If yes,	U. S. ARMED FORCES? 16	TAN, . SOCIAL SECURITY NO. 1	WHORMANY IN ELECTION OF THE PROPERTY OF THE PR	th Hut 7	on R.D.
PART I. DEATH WIMM	DUE TO	ine for (o), (b), and (c).]	y occlusi	•	INTERVAL BETWEEN ONSET AND DEATH
gove rise to imme cause (a), stoting the ulying couse last.  Note: The part II. OTHER SI	nder- CC (c)	contributing to DEATH B	UT NOT RELATED TO THE TERMINAL	disease condition given	IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
20g. ACCIDENT WAS UN OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION MEDICAL CONTRIBUTION MEDICAL CONTRIBUTION CONT	NDERLYING   20b. DE AUSE OF DEATH ICAL EXAMINER)	SCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in Part	I or Port II of item 18.)	YES NO
20c. TIME OF INJURY M Hour o. m. p. m.	While		PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	Of. (City or town)	(County) (State
21. I certify that I alive an	attended the deced		th accurred at 30 f.M.	fram the causes and c RESS (Street, city or town, stat	
PHYSICIAN'S NAME (Type)	A.M. F	RANCE	_M.D	K STOW, M	1 3/4/1
BREMOVAL (Specify)	Narch 5/96	22c, NAME OF GEMETERY  VEW TEGG	OR CREMATORY 22d OM CMC/ery 2 240 REC'D BY	REGISTRAR 24b. REGISTRA	OM (State)
Lacol Hay	Tenstein. /	our Fireeds	m Ca DAMAR 7	161 7 1149	



N SH	1700	2	879		CE	RTIFIC	ATE	OF DE	ATH					(/	001
1. PLACE (	OF DEATH	Bo	reti.	mo	ese	MARYLAN	1	USUAL RESID	ENCE (Whe	ere decease		institution OUNTY	Residence	before ad	mission)
b. CITY RURA	OR TOWN	(If outside conserest town)	rporote limits	, write	c. LENGTH C	OF STAY IN 1	Ь	c. CITY OR T	OWN (If a	1	orate limits,	write RU	RAL ond gi	ve nearest (	rown)
	NE OF HOSP	G21	haspital, giv	no?	uddress) (	Rd.		d. STREET AL	DIRESS 2/3	5 9	nor	vo i	Rd	O	RESIDENCE N A FARM?
3. NAME DECEAS	SED	0	Low	is	Ce	Middle	40	efelast		4. DATE OF DEATH	m	Month		Day 18	Year 19 6
S. SEX	le	Cer	lite	WIDOWE		IVORCED [	11	ray 18	718	91	9. AGE (I last bir	, , , , , ,		YEAR IF U	NDER 24 HRS.
10a. USUA during	MOST OF	ION (Give kin	nd of work de on if retired)	one 10b. I	Shop	INESS OR IN	DUSTRY	11. BIRTHPLA	Rece (State of	or foreign o	country)		12. CITIZ	EN OF WHA	COUNTRY?
13. FATHER	R'S NAME	Jac	ole	w	efe		14	. MOTHER'S	MAIDEN N	ME	1	7			
1S. WAS D  Yes. no, or u	DECEASED EV	(If yes, give we	RMED FORCE		SECUI	RITY NO. 17	INFOR	lanc	he	Wa	le	Addre	" A	rme	_
Can	PART I. DE	ATH WAS CA IMMEDIAT ony, which immediate the under-	AUSED BY: E CAUSE (o)_ DUE TO	ise per lini	e for (o), (b),	ond (c).]	5	luu \	ey e.	orth	nyo	elor	•	INTERVAL ONSET A	L BETWEEN ND DEATH
CERTIFICATION (IL ELL		. 72			ONTRIBUTING						A 17		N IN PART	PE	AS AUTOPSY REORMED?
	ACCIDENT WONTRIBUTING	AS UNDERLY G CAUSE Y MEDICAL E	OF DEATH XAMINER)	20b. DESC	RIBE HOW IN	IJURY OCCU	RRED. (Er	nter noture of	injury in P	ort I or Po	rt II of item	1B.)			
	ME OF INJU Haur o. m. p. m.		Day, Year	v 20d. IN While of work	JURY OCCUR Nat while at work	e_		OF INJURY (H street, office			y or tawn)		(Co	ounty)	(State)
22a. S 22c. Pl	the deced GIGNATURE HYSICIAN'S NAME (Type)	mue	ton	of be	hlen	, and the	M.D.	ATTENDING PHYS. 22d. ADDRE	ss 410	M, fram D. RECTOR	STAFF PHYS.	ses and	on the		l) (we) last ted abave. 22b. DATE SIGNED
	AL, CREMATI	e 3,	19/	61.	23c. NAME	SSELL	Y OR CR	MATORY	25a. REC'D		ation (City	nas	county)  RAR'S SIG	NATIOE	md.
Salo	Leune	ion 24	Blos	he	6010	Ceste	rote	unda		AR 21	'61 Z			Kraus	72

Then please remave carban papers. Pages 1 and TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h may be increased by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled it page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 of the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/59

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the funeral director,

02560 the which age - stone The state of the s Some to the formattender of the second the state of the second second

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 2880 directar. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) . COUNTY Baltimore b. COUNTY Baltimore Filed . Maryland MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Funeral b. CITY OR TOWN (If outside corporate limits, write pe RURAL and give nearest town) Dunda.lk P Dundalk MO. d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION 1924 Haselmere Rd. Hase lme re Road NAME OF 4. DATE First Middle Month DECEASED OF DEATH CLORA WOODARD March (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9, AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX B. DATE OF BIRTH last birthday) Months Female White WIDOWED A DIVORCED | Jan. 17. 1900 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Housewife Virginia Home ofter 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Š John Dodson Alice Leake 17. INFORMANT Address IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Mrs. Julia Brady 1924 Haselmere Rd. 22 NO No NO 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which been signed gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO/DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) certificate

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Not while foctory, street, office bldg., etc.) Hour o. m. of work of work 1 196/that I last saw the deceased 21. I certify that I attended the deceased from. and that death accurred at Size M, from the causes and an the date stated above. ned by the DIRECTOR: ACTUAL 3 prior 3 should PHYSICIAN'S registrar NAME (Type) 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page REMOVAN (Specify) Loudon Park Frederick Rd . 2 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, REC'D BY REGISTRAR J. DUDA 7922 Wise Ave, 22, Md. MAR 2 8 '61

PERFORMED? YES NO

. IS RESIDENCE

Hours

U.S.A.

INTERVAL BETWEEN ONSELAND DEATH

YES NO

Yeor

Days

(County)

(Stole)

DATE SIGNED

(Stote) Ma

24b. REGISTRAR'S SIGNATURE

arithur S. Traces

VS A15 (4) 1SM 9/S5

certificate

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MARYLAND STATE DEPARTIVE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
CERTIFICATE OF DEATH

Reg.	Piles	N1-	1)	0	0	C	•
Reg.	Dist.	No.	17	6	×	h	7

					Keg. Dis	1. 140.
1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	O. STATE	E (Where deceased live	ed. If institution: Residence b. COUNTY	e before admission) timore
b. CITY OR TOWN (If RURAL ond give near	outside corporole limits, write	c. LENGTH OF STAY IN 16			limits, write RURAL and g	
	ey's Quarters		Bow.	Ley's Quart	ters	
d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, give street	oddress)	d. STREET ADDRE	ss		e. IS RESIDENCE ON A FARM?
	Clarks Point R	d.	Cla	rks Point B	Rd.	YES NO
3. NAME OF DECEASED (Type or print)	aude 1	Edwina	VOYK	4. DATE OF DEATH	March	Day Yeor 2 9 19 6 1
5. SEX	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. A	GE (In years IF UNDER	YEAR IF UNDER 24 HRS.
Female	White WIDOW	ED DIVORCED	Dec. 25,	1884 "	7 6 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION during most of working	(Give kind of work done 10b.	KIND OF BUSINESS OR INDI		State or foreign countr	y) 12. CITI	ZEN OF WHAT COUNTRY
Clerk		Grocery	B	alto. Md.		USA
13. FATHER'S NAME			14. MOTHER'S MAII	DEN NAME		
	nknown McElro	У	1	Jnknown Unk	mown	
	IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address	
No		17-22-8443 M	rs. Milton 1	R. Stewart	Box 79 Rt.	15 (20)
PART I. DEATI  4/2/21/ Conditions, if any gove rise to im couse (a), stoling th lying couse lost.	mediote under-	rebrovasco temosilenos	1 at A	o Vascul	1+ on disease	2 yrs
20a. ACCIDENT WAS	CALICE OF DEATH	CRIBE HOW INJURY OCCURR				1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	MEDICAL EXAMINER)					
20c. TIME OF INJURY Hour a. p. p. m.	Month, Doy, Year 20d. II While of wor	Not while fo	LACE OF INJURY (Home octory, street, office bldg	, farm, 20f. (City or to	own) (Co	ounty) (Stole)
21. I certify the alive on Ma ACTUAL SIGNATURE	M. Bann	. //	, 1941, to h occurred at 2:	25PM, from th	4., 19. ,that I love causes and an the city or town, stote)	ast saw the deceased e date stated above DATE SIGNED 3/29/6/
220. BURIAL, CREMATION REMOVAL (Specify) Burial	, 22b. DATE THEREOF	22c. NAME OF CEMETERY C		22d. LOCATION	(City, fown, or county) Chase,	(Stote) Md.
23. FUNERAL DIRECTOR'S	SIGNATURE A	ADDRESS		REC'D BY REGISTRAR	24b. REGISTRAR'S SIG	
Tomaland	Genera all Home	0 7411 Asal	lavi Aldan	. APR 3 '61	0 0 0	4

F DEATH	CERTIFICATE OF	
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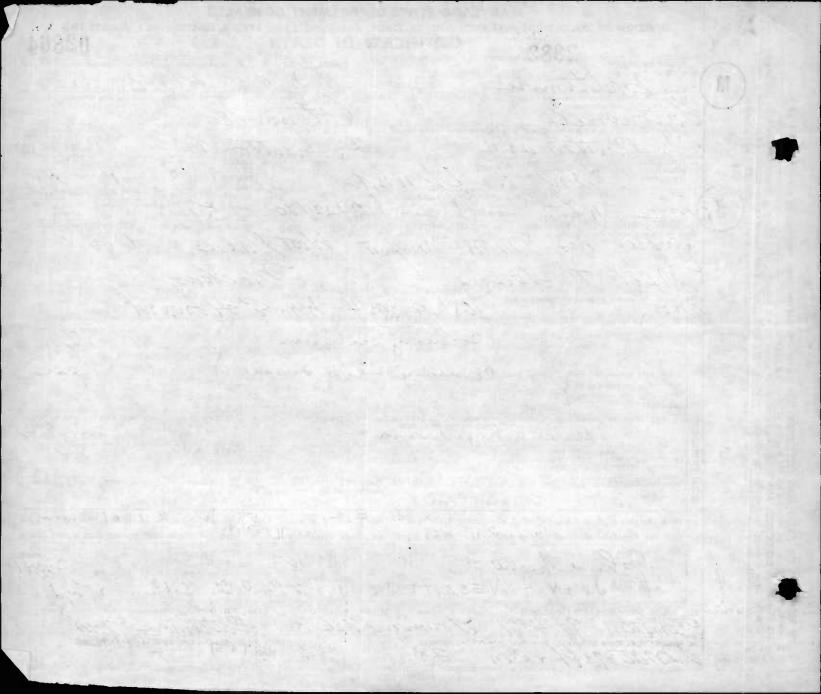
TO HOS

L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed from 24 nours arrented death. A may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely mied in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	2882		CERTIFICAT	E OF DEAT	H			02864
1. PLACE OF D	Baltimo	re_	MARYLAND	e. STATE	NCE (Where dece	b. COUNTY	ution: Residen	
write PUR	NN (if outside corporete lim AL end give neerest town)	its, c.	LENGTH OF STAY IN 1b	Pit	N (If outside corpora			
2/2	Putton	(if not in hospitel,	give street eddress)	d. STREET ADDRES	ullon	ane !		o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Sans	F	Middle	Last	4. DATE OF DEATH	Month 3	Day //	196 /
male_	6. COLOR OR RACE	WIDOWED [	DIVORCED .	2/22/10		yrs. Mor	nths Deys	Hours Min.
done during most		Motor	-Janapor	+ West	ounty & State, or for	eign country)	C. CITIZEN O	F WHAT COUNTRY
13. FATHER'S NA	ED EVER IN U.S. ARMED FO	oung	AL SECURITY NO. 17.	14. MOTHER'S MAID	Macs	Say-		
(Yes, no, or unkov	orn) ((Ifyesgivewerordatesof	service)	81-09-89	54 H/m	· E. A	hvare	1	TERVAL BETWEEN
	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e	Ce		reclusion	•			SET AND DEATH
geve rise to i	f eny, which (b)	Cor	many .	itery des	ion		1	year
ceuse lest.	the underlying   OUE TO	)	JTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE CO	NDITION GIVEN IN	N PART 1(a)   1	19. WAS AUTOPSY
PART II.  OLL  OR CONTRIB  Ulf EITHER, N	Outen NT WAS UNDERLYING	20b. DESCRIBE	HOW INJURY OCCURE	D. (Enter neture of injury	in Pert I or Pert II of	item 1B.)		PERFORMED? YES NO
	JTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER FINJURY Month, Dey, Yo		RY OCCURRED   20e. PL	ACE OF INJURY (Home, f	erm, : 20f. (City o	r town)	(County)	(Stete)
20c. TIME O	p.m. 19	at work	et work	ctory, street, office bldg.,		442 0 1	1 10 6 / .	1 . (1) (
	ify that (I) (this hosp eceased alive on	100			- port3 set.			
22c. PHYMC	ohna he	all of	0	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.		3-/3-6
NAME	(Type) JOHN /	T. /VES	NAME OF CEMETERY	OR CREMATORY	23d. LOCATI	, Balles		, Turd -
REMOVAL IS	pacify)	16/ 2	1 ouden a	Park	Bac By REGISTRA	timore	- 2	TURE
1 ma	EMAST Y.	don	28	DATE	MAR 1 4 6	Con	way Zicker	

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

2 IISIAI PESIDENCE (Where deceased lived If institution, Residence before admission)

25a. REC'D BY REGISTRAR

DATE MAR 2 7 '61

25b. REGISTRAR'S SIGNATURE

arthur S. Kraus

02865

y the funeral director, 2 shauld be filed with and TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled Pages 1 event, within 72 hours after death Then please remave carbon papers. and in any page 3 should be detached far use as the burial-transit permit. the State Board of Health priar to burial, crematian, or remaval, by the haspital or attending physician.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

after death. Page 4

1 PLACE OF DEATH

24. FUNERAL DIRECTOR'S SIGNATURE

Ullrich Funeral Home 2112 Dundalk Ave..

0	. COUNTY	Baltimore	0.	STATE ME	aryl	and	b. COUNTY	Bal	timo	re	,,,,,		
Ł	RURAL and give ne	autside carporate limit arest town) y Hill	ts, write	c. LENGTH OF STAY IN 1	*			tside corpo	rate limits, write R	URAL and	give nec	rest taw	n)
(	OR INSTITUTION	AL (If not in hospitol, g 7922 Rollin			9	STREET ADDI		Rollin	ng View I	load			FARM?
	Type or print)	JUSTINI		Middle	ZOLM	Lost AN		4. DATE OF DEATH	March		Do	,	Year 19 61
5. S	EX	6. COLOR OR RACE	7. MARRI	ED X NEVER MARRIED	B. DAT	E OF BIRTH			9. AGE (In years last birthday)	Months			
I	Temale	White	WIDOWE	D DIVORCED	Mar	ch 23,	188	3	77 yrs.	Months	Days	Haurs	Min.
	USUAL OCCUPATION during most of work  At hom	ing life, even if retired)	dane 10b.	KIND OF BUSINESS OR IN		Polano MOTHER'S MA	d		ountry)		S.A.	F WHAT (	OUNTR
13.					14.								
•	John Wu		l				ther:	ine Z	iprick				
		R IN U. S. ARMED FOR: If yes, give war ar dates of st			rs. J		schka	a 1409	Add Vesper		-22		
	PART 1. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  ny, which mmediate	)	Myocara		5.		on	10			ERVAL BE SET AND 1 Tu	
NOI	lying cause last.  PART II. OTH	(c	)	ONTRIBUTING TO DEATH I		ELATED TO TH			E CONDITION GIV	EN IN PAI	RT 1(o) 1	9. WAS	AUTOPS ORMED?
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCUI	RRED. (Ente	er noture of in	ijury in Po	ort I ar Pari	t II of item 18.)				NO [
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Yea	20d. IN While of work	_ Not while _		F INJURY (Han Ireet, affice bl			or town)	(	(Caunty)		(Stat
	saw the deceas	t (I) (this haspital ed alive an ///	10 3 1	ed the deceased frame			194			19.0 d an th		stated	dabav
	220. SIGNATURE	d A- a	luc	har.	M.D.	ATTENDING PHYS.	4 DIR	D. ECTOR [	STAFF PHYS.	N	3	/23	SIGNI
	22c. PHYSICIAN'S NAME (Type)	David	H.	Andren		33	DUN	dal	KAVE	Di	Inc	dall	Ka
23a	BURIAL, CREMATIO REMOVAL (Specify) BURIAL	Mar. 25,	1961	Christ Luth					Dundalk,			(Sta	te)